MAXIMUS Federal Services

Case Number:	CM15-0192698		
Date Assigned:	10/06/2015	Date of Injury:	12/17/2012
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	09/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male, with a reported date of injury of 12-17-2012. The diagnoses include right rotator cuff tear, right acromioclavicular joint arthritis, and internal derangement of right shoulder. Treatments and evaluation to date have included right arthroscopic rotator cuff repair, open distal clavicle resection, and subacromial decompression on 10-21-2014, Lyrica, Lidoderm patch, physical therapy, and MS Contin. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-23-2015 indicates that the injured worker complained of right-sided lower neck pain without paresthesias, which was rated 8 out of 10. He also complained of occasional right hand weakness, and right shoulder pain, which was rated 7 out of 10. On 08-12-2015, the injured worker rated his right shoulder pain 6 out of 10. It was noted that in the qualified medical examination additional physical therapy was suggested. The objective findings include marked hypertonicity of the anterior cervical musculature, left greater than right; moderately decreased flexion, side bending, and rotation of the bilateral cervical spine; moderate hypertonicity of the associated right shoulder girdle muscles; right shoulder abduction at 80 degrees; right shoulder internal rotation at 80 degrees; and right shoulder external rotation at 20 degrees. The injured worker has been instructed to remain off work. The medical records included the physical therapy reports for five visits from 02-16-2015 to 03-12-2015. The request for authorization was dated 09-23-2015. The treating physician requested physical therapy two times a week for four weeks, three times a year. The rationale for the request was not indicated. On 09-30-2015, Utilization Review (UR) non-certified the request for physical therapy two times a week for four

weeks, three times a year. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy, 2 times weekly for 4 weeks (8 sessions), 3 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has received an unspecified number of PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous conservative therapy notes documenting significant progressive functional improvement was not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical therapy, 2 times weekly for 4 weeks (8 sessions), 3 times a year is not fully established for this patient.