

Case Number:	CM15-0193748		
Date Assigned:	10/07/2015	Date of Injury:	01/25/2015
Decision Date:	11/24/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on January 25, 2015, incurring left shoulder injuries. A Magnetic Resonance Imaging of the left shoulder revealed a rupture of the biceps tendon a labral tear and tendinosis. He was diagnosed with a left shoulder impingement syndrome, left shoulder labral tear and left biceps tendon rupture. Treatment included 12 sessions of physical therapy, strengthening program, modified work duty, and activity restrictions. Currently, the injured worker complained of persistent left shoulder pain. He noted he exacerbated his left shoulder pain from quickly lifting his arm just to make a simple gesture causing worsening pain. He had limited, tight and painful internal and external rotation of the left upper extremity. He rated his pain level 2 out of 10 and described it as aching and burning. The injured worker noted that physical therapy gave him improvement that lasted for several days and helped decrease his shoulder pain. The treatment plan that was requested for authorization on October 2, 2015, included physical therapy twice a week for four weeks for the left shoulder. On September 4, 2015, a request for physical therapy for the left shoulder was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the left shoulder: 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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.