

Case Number:	CM15-0193758		
Date Assigned:	10/07/2015	Date of Injury:	06/29/2014
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
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 50 year old female, who sustained an industrial injury on June 29, 2014, incurring left shoulder injuries. Magnetic Resonance Imaging of the left shoulder revealed a full thickness rotator cuff tear. She was diagnosed with a left shoulder impingement syndrome and left shoulder SLAP tear. Treatment included 8 sessions of physical therapy, pain medications, cryotherapy, pain management and activity restrictions. Currently, the injured worker complained of persistent pain of the left shoulder. She rated her pain 9 out of 10 at its worse and 7 out of 10 at its best on a pain scale from 1 to 10. She noted increased shoulder pain upon movement with decreased strength and limited left shoulder range of motion. The injured worker noted relief of symptoms with physical therapy. On July 28, 2015 she underwent an arthroscopic subacromial decompression and labral debridement of the left shoulder. The treatment plan that was requested for authorization on October 2, 2015, included additional physical therapy to the left shoulder 2 times a week for 4 weeks. On October 1, 2015, a request for 8 sessions of physical therapy to the left shoulder was modified to 3 sessions by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (PT) treatment to the left shoulder 2 times a week for 4 weeks, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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.