

Case Number:	CM15-0194775		
Date Assigned:	10/08/2015	Date of Injury:	10/30/2012
Decision Date:	11/24/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old female, who sustained an industrial injury on October 30, 2012. The injured worker was diagnosed as having status post right shoulder arthroscopic subacromial decompression and rotator cuff repair in July of 2014 and neurologic changes status post surgery with rule out early sympathetically maintained pain syndrome and brachial plexus neuropathy. Treatment and diagnostic studies to date has included status post right shoulder surgery July of 2014, medication regimen, upper extremity electromyogram with nerve conduction study, laboratory studies, and physical therapy. In a progress note dated August 04, 2015 the treating physician reports complaints of right shoulder pain and left shoulder pain noting the left shoulder pain to be compensatory. Examination performed on August 04, 2015 was revealing for tenderness to the right shoulder, decreased range of motion to the right shoulder, and decreased range of motion to the left shoulder. The injured worker's pain level on August 04, 2015 was rated a 7 out of 10 and the left shoulder pain level was rated a 5 out of 10. The medical records provided included at least 20 physical therapy progress notes with the most recent note from June 05, 2015 indicating that the injured worker tolerated the home exercise program for brachial plexus stretch "poorly" secondary to pain and also noted that the injured worker had a "good" tolerance and "good" compliance with therapy, but the physical therapy progress note did not indicate the injured worker's pain level as rated on a pain scale prior to physical therapy and after physical therapy to indicate the effects with physical therapy. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with prior physical therapy. On August 04, 2015, the treating physician requested

additional physical therapy to the right shoulder times twelve sessions, but the documentation did not indicate the specific reason for the requested treatment. On August 31, 2015, the Utilization Review determined the request for physical therapy visits times twelve to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Visits x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

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.