

Case Number:	CM15-0196023		
Date Assigned:	10/09/2015	Date of Injury:	11/21/2010
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

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

This injured worker is a 49 year old female, who sustained an industrial injury on 11-21-2010. The injured worker was diagnosed as having right shoulder rotator cuff tear and status post right shoulder rotator cuff repair x2. On medical records dated 08-10-2015, the subjective complaints were noted persistent right shoulder pain. Pain was rated an 8 out of 10. Pain was noted to be about the same as last visit. Objective findings were noted as right shoulder revealed a decreased range of motion. Palpation of the trapezius and parascapular musculature revealed tenderness and hypertonicity. Drop arm test was negative and Neer's impingement and Hawkin's test were positive. Treatments to date included medication and TENS unit. The injured worker was noted to be return to work on modified duty. Current medications were listed as Motrin. The Utilization Review (UR) was dated 09-17-2015. A Request for Authorization was dated 08-10-2015. The UR submitted for this medical review indicated that the request for physical therapy 2x wk x 3 wks for the right shoulder was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x wk x 3 wks for the right 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: Physical therapy 2x wk x 3 wks for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior shoulder PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 6 more supervised therapy visits therefore this request is not medically necessary.