

Case Number:	CM15-0200455		
Date Assigned:	10/15/2015	Date of Injury:	04/11/2014
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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: North Carolina, Georgia
 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 53 year old female, who sustained an industrial injury on 4-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post repair of a torn rotator cuff and impingement syndrome-adhesive capsulitis of the right shoulder. The Treating Physician's report dated 8-4-2015, noted the injured worker status post right rotator cuff repair with weakness in the deltoid and request for authorization for additional physical therapy. Prior treatments have included shoulder surgery on 4-2-2015, 12 post-op physical therapy visits as of 9-8-2015, cortisone injection, 20 sessions of physical therapy through 1-6-2015, and medications including Naproxen, Metformin, Lisinopril, and Atorvastatin. The injured worker's work status was noted to be temporary modified work limitations. The documentation provided did not include any physical therapy notes. The request for authorization dated 9-2-2015, requested physical therapy 3x4 right shoulder. The Utilization Review (UR) dated 9-14-2015, denied the request for physical therapy 3x4 right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed 12 post- op physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for additional physical therapy sessions is denied. Therefore, the request is not medically necessary.