

Case Number:	CM15-0202821		
Date Assigned:	10/19/2015	Date of Injury:	12/10/2004
Decision Date:	12/01/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/15/2015

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:

The injured worker is a 70 year old male, who sustained an industrial injury on 12-10-04. The injured worker was being treated for right shoulder impingement, rotator cuff tear, cervical-lumbar disc herniation and status post right shoulder impingement with rotator cuff repair. On 7-28-15 he complained of right shoulder pain and limited range of motion; he has not taken pain meds in 4 days and has not started physical therapy and on 9-28-15, no subjective complaints were documented. He is currently temporarily totally disabled. Progress note dated 7-28-15 revealed well healed portal sites of right shoulder with mild to moderate pain with right shoulder range of motion and progress note dated 9-28-15 did not include a physical exam. Treatment to date has included shoulder arthroscopy with rotator cuff repair, physical therapy evaluation and (on 8-25-15 without documentation of further visits), activity modifications. The treatment plan included 16 physical therapy sessions. On 10-13-15 request for 16 physical therapy sessions 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 x week for 8 weeks: Upheld

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

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

Decision rationale: Physical therapy 2 x week for 8 weeks is not medically necessary per the MTUS Postsurgical Treatment Guidelines. The MTUS recommends up to 24 postoperative therapy visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many postoperative shoulder PT sessions the patient has had; and the outcome of this PT. Additionally, the request does not specify a body part for this therapy. Without clarification of this information the request for 16 sessions of physical therapy is not medically necessary.