

Case Number:	CM15-0204200		
Date Assigned:	10/21/2015	Date of Injury:	12/11/2013
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/17/2015

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:

This is a 51 year old female with a date of injury on 12-11-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right hip and right shoulder pain. Progress report dated 8-7-15 reports post op right shoulder rotator cuff repair doing better with shoulder and hip since last visit. She went back to work and arm felt tired during the day and stiff the next morning. Physical exam: right shoulder - crepitus with impingement, decreased range of motion, right hip - no altered gait and decreased range of motion. Physical therapy progress report dated 8-24-15 reports complaints of right shoulder stiffness and feeling tense. Assessment: responded well to therapy with increased active range of motion post treatment. Plan: continue and review home exercise program. Treatments include: medication, physical therapy and right arthroscopy rotator cuff repair 12-9-14. Request for authorization dated 9-16-15 was made for physical therapy 8 sessions for right hip and right shoulder. Utilization review dated 9-25-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.