

Case Number:	CM15-0206394		
Date Assigned:	10/23/2015	Date of Injury:	06/16/2014
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

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

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 35 year old female, who sustained an industrial injury on 6-16-2014. The injured worker is undergoing treatment for right shoulder impingement and right rotator cuff repair. Medical record physical therapy re-certification dated 7-22-2015 indicates the injured worker complains of shoulder pain continuing since rotator cuff repair on 2-10-2015. The plan was for additional physical therapy 3 X 4. Exam dated 9-14-2015 indicates the injured worker "is slowly improving." The treating physician indicates "she has maintained off duty given the physically nature of the job and very slow recovery she is experiencing." Physical exam of the right shoulder dated 9-14-2015 notes "some improvement but still grimacing, reddening in the face and breath holding while examination occurs." Treatment to date has included surgery, physical therapy and medication. The original utilization review dated 10-13-2015 indicates the request for physical therapy 2 X 6 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 6 weeks, total 12 sessions: 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: The claimant sustained a work injury in June 2014 when she fell with injury to the left knee and right shoulder. She underwent an arthroscopic right rotator cuff repair in February 2015. Between May 2015 and July 2015, she completed 19 postoperative physical therapy treatment sessions. When seen, she was seven months status post surgery. Her shoulder was slowly improving. She was having worsening knee pain. Physical examination findings included decreased and painful shoulder range of motion. Her strength had improved slightly. There was knee tenderness and pain with McMurray's testing. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.