

Case Number:	CM15-0209485		
Date Assigned:	10/28/2015	Date of Injury:	01/23/2012
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/23/2015

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: California, Hawaii

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:

The injured worker is a 55 year old female, who sustained an industrial injury on January 23, 2012, incurring left shoulder injuries. She was diagnosed with a shoulder strain, and left shoulder bursitis. She underwent a shoulder arthroscopy with decompression and partial synovectomy and bursectomy, and rotator cuff repair. Treatment included physical therapy and home exercise program, aqua therapy, pain medications, topical analgesic patches and restricted activities. Currently, the injured worker complained of persistent left shoulder pain and stiffness with pain radiating into the left hand. Her left shoulder range of motion was reduced and limited. On May 13, 2015, she underwent manipulation under anesthesia for adhesive capsulitis. There had been 20 physical therapy treatments since June 11, 2014, and remained with limited range of motion of the left shoulder. The treatment plan that was requested for authorization included 12 sessions of physical therapy to the left shoulder. On October 21, 2015, a request for physical therapy to the left shoulder 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 12 sessions, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Shoulder.

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

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Physical therapy 12 sessions, left shoulder .The treating physician states, in a report dated 10/14/15, "Aggressive Physical Therapy left shoulder 12 sessions." The PSTG guidelines state, "Postsurgical treatment: 24 visits over 14 weeks." In this case, the patient has received 20 sessions of PT post surgically with 12 additional sessions requested. The MTUS PSTG recommend a total of 24 and this request would exceed the guideline recommendations. The current request is not medically necessary.