

Case Number:	CM15-0023811		
Date Assigned:	02/13/2015	Date of Injury:	09/19/2011
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 67 year old female with an industrial injury dated September 19, 2011. The injured worker diagnoses include status post left shoulder rotator cuff repair on 9/3/2014. She has been treated with diagnostic studies, physical therapy and periodic follow up visits. According to the progress note dated 12/12/2014, the injured worker reported a slow increase in range of motion. Documentation noted that the injured worker had just started physical therapy. The treating physician prescribed services to continue physical therapy 2 x 6 for the left shoulder. Utilization review modify the request since the patient has previously undergone 16 postoperative physical therapy sessions and 24 sessions are recommended by guidelines. A progress report dated January 23, 2015 indicates that the patient has improved range of motion and pain with physical therapy. Shoulder range of motion remains restricted and additional physical therapy is recommended. A report dated September 22, 2014 indicates that the patient underwent arthroscopic repair of a rotator cuff tear on September 3, 2014. Utilization Review determination on January 30, 2015 modified the request to physical therapy x 8 sessions for the left shoulder, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for additional physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of prior PT sessions with functional improvement and remaining treatment goals, but the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.