

Case Number:	CM15-0023824		
Date Assigned:	02/13/2015	Date of Injury:	07/05/2014
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
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:

This 45-year-old female reported a work-related injury to her right shoulder and back on 7/5/2014. According to the office notes from the treating provider dated 1/21/2015, the injured worker reports moderate right shoulder pain. She also sees another provider for her low back pain. The diagnoses include status post right rotator cuff repair and degenerative disc disease lumbar spine. Previous treatments include medications and physical therapy. The treating provider requests 12 sessions of physical therapy. A physical therapy note dated January 29, 2015 indicates that the patient has undergone 5 there be sessions since January 2015 for the low back. A physical therapy report dated September 10, 2014 indicates that the patient has undergone 12 therapy sessions for the shoulder and back. A physical therapy report dated January 20, 2015 states that the patient has undergone 18 therapy sessions for treatment of the shoulder joint following surgery. A progress report dated January 21, 2015 indicates that the patient is status post right shoulder rotator cuff repair on November 11, 2014. 12 additional postoperative therapy visits are requested. Therapy reports demonstrate improved range of motion and strength as well as reduced pain as a result of the therapy provided. The Utilization Review on 1/28/2015 modified the request to six (6) sessions of physical therapy, citing CA MTUS Post Surgical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): pages 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 objective functional improvement. However, there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, 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.