

Case Number:	CM15-0024769		
Date Assigned:	02/17/2015	Date of Injury:	01/15/2014
Decision Date:	03/27/2015	UR Denial Date:	01/22/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on January 15, 2014. The diagnoses have included adhesive capsulitis of the right shoulder with impingement syndrome. Treatment to date has included right shoulder arthroscopy on August 19, 2014, physical therapy, and medications. Currently, the injured worker complains of right shoulder soreness. The Primary Treating Physician's report dated December 1, 2014, noted the injured worker remained symptomatic to the right shoulder, with lateral and posterior tenderness with weakness to the internal and external rotation. On January 22, 2015, Utilization Review non-certified physical therapy of the right shoulder, noting it was unclear if the injured worker had used all 24 certified post-operative physical therapy sessions. The MTUS Post-surgical Medical Treatment Guidelines was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of physical therapy of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Physical therapy in the form of passive and active supervised treatments may be used after shoulder surgery for up to 24 sessions over 14 weeks. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, appears to have at least completed 12 sessions and documents suggest that it was requested and approved for him to complete 12 additional sessions of physical therapy, all preceding this request for additional sessions. If this is not true, then the documentation needs to be more clear in order to correctly number how many supervised sessions of physical therapy were completed. However, if this assessment is correct, and the worker had already been approved for 24 sessions, then there is no medical necessity to continue them, and home exercises should suffice, at this point.