

Case Number:	CM15-0025252		
Date Assigned:	02/17/2015	Date of Injury:	01/20/2014
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/10/2015

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 68 year old male, who sustained an industrial injury reported on 1/20/2014. He has reported weakness at the right shoulder. The diagnoses were noted to have included a right shoulder supraspinatus tear with right shoulder subacromial decompression, distal clavicle excision and rotator cuff repair (7/31/14). Treatments to date have included consultations; diagnostic imaging studies; right shoulder surgery with 12 physical therapy sessions, then 8 additional physical therapy sessions, and then a final 4 physical therapy sessions (a total of 24 sessions from Aug. - Nov./2014); and medication management. The work status classification for this injured worker (IW) was not noted. On 1/8/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/1/2014, for physical therapy, 1 - 2 x a week x 8 weeks (16 sessions), to the right shoulder. The American College of Occupational and Environmental Medicine Guidelines and the Official Disability Guidelines, physical therapy guidelines, shoulder; and Medical Treatment Utilization Schedule, post-surgical treatment guidelines, shoulder, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of Physical Therapy 1-2x x8 weeks to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is more than one year status post work-related injury and underwent a rotator cuff repair in July 2014 followed by extensive physical therapy. He continues to be treated for chronic right shoulder pain. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could 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 claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.