

Case Number:	CM15-0028437		
Date Assigned:	02/18/2015	Date of Injury:	06/18/2014
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/06/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 59 year old male who sustained an industrial related injury on 6/18/14. The injured worker had complaints of occasional left shoulder pain. Physical examination findings included a negative impingement test and negative Speed's test. The diagnosis was rotator cuff tear. Treatment included subacromial decompression and left shoulder rotator cuff repair on 10/20/14, physical therapy, and medication. The treating physician requested authorization for additional physical therapy 2x6 for the left shoulder. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had attended 14 physical therapy sessions. 10 more physical therapy sessions were authorized. Additional physical therapy would exceed the guideline recommendations. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for six weeks for left shoulder, total 12 additional visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post surgical treatment.

Decision rationale: Guidelines support 24 post operative physical therapy sessions. To date, the patient has used 14 visits and an additional 10 visits were previously authorized. In this case, the request for additional physical therapy would exceed guidelines. Since the patient is doing well, there is no clinical documentation supporting the need for additional treatments outside of guidelines.