

Case Number:	CM15-0211208		
Date Assigned:	11/02/2015	Date of Injury:	06/08/2015
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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

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 51-year-old male, who sustained an industrial injury on 6-8-15. The documentation on Progress Note last update with a date of 7-14-15 noted that the injured worker returned for follow up of his magnetic resonance imaging (MRI) and that his shoulder is feeling better and range of motion is improving. Magnetic resonance imaging (MRI) of the right shoulder revealed a mild posterior avulsion of the glenohumeral ligament from the humerus and right shoulder partial Humeral Avulsion Glenohumeral Ligament (HAGL lesion). The documentation noted that the injured worker will begin physical therapy and follow-up in 4 weeks. The diagnoses have included shoulder and upper arm injury. The original utilization review (9-30-15) non-certified the request for physical therapy, right shoulder, 3 times weekly for 4 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right shoulder, 3 times weekly for 4 weeks, 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Review indicates PT noted dated 10/14/15 recommended continuing with physical therapy. Although it is noted the patient is improving for this 6/8/15 injury, the patient continues to be off work due to disability. The Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria recommending reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of 12 PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy, right shoulder, 3 times weekly for 4 weeks, 12 sessions is not medically necessary and appropriate.