

Case Number:	CM15-0030231		
Date Assigned:	02/23/2015	Date of Injury:	02/22/2014
Decision Date:	04/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/18/2015

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: Preventive Medicine, Occupational 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 27 year old male who sustained an industrial injury on 02/22/2014. Current diagnoses include superior glenoid labrum lesion and shoulder pain. Previous treatments included medication management, physical therapy, and activity modification. Report dated 02/09/2015 noted that the injured worker presented with complaints that included left shoulder pain and weakness. Physical examination was positive for abnormal findings. The physician noted that the injured worker has had 18 prior visits of physical therapy which has not helped at all and some instances have made him worse. Utilization review performed on 02/11/2015 non-certified a prescription for 12 physical therapy sessions for the left shoulder, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder; 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder-Physical Therapy.

Decision rationale: The requesting physician does not make it clear if the request for an additional 12 sessions of physical therapy is for pre-operative or post-operative rehabilitation. Pre-operatively the request is not consistent with Guidelines as the individual has had 18 sessions of therapy without improvement. Guidelines recommended up to 8-12 sessions as adequate for most shoulder and/or chronic musculoskeletal conditions. If the request is for post-operative rehabilitation, the approval for surgery has not been completed and it is too early to apply the applicable post surgical guidelines. Under these circumstances the request for the 12 sessions of physical therapy is not medically necessary.