

Case Number:	CM15-0043970		
Date Assigned:	03/13/2015	Date of Injury:	05/02/2014
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/09/2015

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: California

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 54 year old male who sustained an industrial injury on 05/02/2014. He injured his shoulder when a bag of onions fell and hurt his left shoulder, and pushed him into a pole injuring his right shoulder. Diagnoses include sprain/strain of shoulders and upper arms right greater than left, right rotator cuff tear, and status post right rotator cuff repair on 10/21/2014. Treatment to date has included medications, use of a sling, 24 physical therapy sessions, heat and cold therapy unit with wrap. A physician progress note dated 10/28/2014 documents the injured worker was one-week status post right shoulder rotator cuff tear repair and subacromial impingement, status post decompression. A physical therapy note dated 2/6/2015 documents the injured worker has very limited range of motion secondary to capsular restrictions predominantly with posterior inferior glides. Scapular mobility has improved with joint mobilization, which allows for greater shoulder mobility. There is a minimal strength deficit due to pain inhibitions. Treatment requested is for additional post-operative physical therapy 2 x 4 week, right shoulder for 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative Physical Therapy 2 x 4 week, Right Shoulder for 8 sessions:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for additional physical therapy, California MTUS supports up to 24 sessions after shoulder surgery for rotator cuff disorders, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS with no documentation of an intervening injury or complication. In light of the above issues, the currently requested additional physical therapy is not medically necessary.