

Case Number:	CM15-0046989		
Date Assigned:	03/19/2015	Date of Injury:	07/29/2012
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/12/2015

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 62 year old male, who sustained an industrial injury on 07/29/2012. He reported injury to the low back and right shoulder. The diagnoses have included right rotator cuff impingement; partial tear of rotator cuff; lumbar sprain; and neck sprain. Treatment to date has included medications, steroid injection, physical therapy, and surgical intervention. A progress note from the treating physician, dated 12/03/2014, documented an evaluation with the injured worker. There is documented to have been completed 18 sessions of post operative therapy after his second shoulder surgery. Due to a flare up after returning to work another 6 sessions was requested in Dec. '14 and these were authorized, but there is no evidence in records that they were ever initiated or completed. The request for 6 sessions is documented to be repeat request as the physician never acknowledges that they were authorized or initiated. Currently, the injured worker complains of increased right shoulder pain and swelling at the right front of his arm. Objective findings included decreased range of motion of the right shoulder. The treatment plan has included request for additional physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right shoulder (2 x 3): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: MTUS Guidelines support up to 8-10 sessions of physical therapy for chronic conditions. This individual had repeat shoulder surgery, but does not appear to have completed the full amount of post operative therapy per MTUS Guidelines. However, this request is well beyond the post operative time period and is being reviewed as a chronic condition. The request for 6 sessions of therapy due to a flare-up upon return to work appears to be a repeat request for 6 sessions as the initial request was never initiated. Under these circumstances, the 6 sessions of physical therapy is supported by Guidelines and is medically necessary.