

Case Number:	CM15-0047719		
Date Assigned:	03/19/2015	Date of Injury:	10/17/2011
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on October 17, 2011. The injured worker was diagnosed as having ankyloses of the left shoulder and left rotator cuff tear. Treatment to date has included left rotator cuff repair on 1/2/2014, home exercise program, and medications. Currently, the injured worker complains of constant pain in the left shoulder with radiation of pain to the neck and upper back. She describes the pain as shooting pain while at rest with associated weakness and stiffness in the left shoulder. She reports that she is not able to fully raise her arm overhead and there is numbness and tingling in the two left ulnar digits of the left hand since the surgery. Her treatment plan includes twelve sessions of physical therapy and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week 4 weeks for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for physical therapy for the left shoulder is not medically necessary. The patient had rotator cuff repair. As per MTUS guidelines, postsurgical treatment involves 30 visits over 18 weeks with a treatment period of 6 months. The patient had 36 sessions of post-operative physical therapy, which already exceeded the maximum limit. There is no rationale for additional physical therapy at this point as the patient should be able to perform a home exercise program. Therefore, the request is considered not medically necessary.