

Case Number:	CM15-0048874		
Date Assigned:	03/20/2015	Date of Injury:	05/12/2010
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, California
 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:

This is a 64 year old male patient who sustained an industrial injury on May 12, 2010. The diagnoses include status post rotator cuff tear and shoulder sprain. Per the doctor's note dated 2/23/2015, he had complains of right shoulder pain that radiated to the right forearm. The physical examination of the right shoulder revealed tenderness decreased range of motion and decreased strength. The current medications list includes allopurinol, cardura, diovan, cozaar, lipitor, acetaminophen and ultracet. He has undergone right shoulder rotator cuff repair in 10/2010 and revision surgery in 4/2012. He has had right shoulder X-rays dated 2/18/2015 which revealed mild osteopenia and post operative changes. The treatment request was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x week x 2 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Shoulder Chapter.

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

Decision rationale: Physical Therapy 3 x weeks x 2 weeks for the right shoulder. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The number of physical therapy visits completed since the date of injury 5/12/2010 is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 3x week x 2 weeks for the right shoulder is not medically necessary for this patient at this time.