

Case Number:	CM15-0051341		
Date Assigned:	03/24/2015	Date of Injury:	10/02/2014
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56 year old male, who sustained an industrial injury on October 2, 2014. The injured worker reported shoulder and leg pain. The injured worker was diagnosed as having right shoulder rotator cuff tear with posttraumatic impingement. Treatment and diagnostic studies to date have included medication and physical therapy. A progress note dated February 19, 2015 provides the injured worker complains of severe right shoulder pain. Physical examination notes decreased range of motion (ROM) and positive impingement. The plan is for surgical intervention and post-operative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x weekly for 4 weeks: 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): 98-99.

Decision rationale: The California MTUS guidelines recommends up to 10 visits of physical therapy followed by home exercise for the injured employees shoulder pain. A progress note

dated January 12, 2015 indicates that the injured employee has previously participated in physical therapy and home exercise without improvement. There is no recommendation for additional physical therapy on this date or in subsequent notes. Considering this previous participation in physical therapy and lack of efficacy, this request for additional physical therapy for the shoulder is not medically necessary.