

Case Number:	CM15-0058243		
Date Assigned:	04/03/2015	Date of Injury:	10/16/2012
Decision Date:	06/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency 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 56 year old male, who sustained an industrial injury on 10/16/12. The diagnoses have included left shoulder impingement syndrome, left shoulder joint arthrosis, and left shoulder rotator cuff tear. Treatment to date has included medications, physical therapy, surgery, conservative measures and Home Exercise Program (HEP). The Magnetic Resonance Imaging (MRI) of the left shoulder was done on 11/11/14. Currently, as per the physician progress note dated 2/11/15, the injured worker complains of dull left shoulder pain. It was noted that he has been going to physical therapy and it has been beneficial. He states that he feels as if the shoulder has improved with therapy. The pain was rated 3-4/10 on pain scale and is aggravated by reaching and raising the arm and relieved with rest. The objective findings of the left shoulder revealed crepitus over the acromioclavicular joint, and mild Neer impingement test, Hawkins test and crossed body adduction test. The physician noted that the injured worker has responded very well to therapy. The physician requested treatment includes 6 physical therapy visits, evaluate and treatment for left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits, evaluate and treatment for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: As per MTUS Post-surgical Treatment Guidelines, for patient's surgery up to 24 physical therapy sessions is recommended. Patient has been approved and reportedly completed 24 sessions. There is documentation of mild improvement and subjective improvement although progress has plateaued. There is no documentation of why patient cannot continue home directed exercise and physical therapy program with skills taught during prior PT sessions. Documentation does not support additional physical therapy Sessions. The request is not medically necessary.