

Case Number:	CM15-0058771		
Date Assigned:	04/03/2015	Date of Injury:	07/29/2013
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation, 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 46-year-old male, who sustained an industrial injury on 7/29/13. He reported initial complaints of right shoulder, arm, chest and right shoulder blade. The injured worker was diagnosed as having rotator cuff syndrome right shoulder. Treatment to date has included physical therapy; TENS unit; MRI right shoulder (9/26/13); status post right shoulder surgery (8/11/14); post-operative physical therapy x12; Range of Motion Inclination (1/22/15). Currently, the PR-2 notes dated 2/16/15 (Medical Evaluation), the injured worker complains of right shoulder pain. Post-operative physical therapy was completed for 12 sessions on 1/9/15. The provider did not submit the notes reviewed by Utilization Review for January 2015, diagnostic studies, treatment notes or operative record in the medical documentation for this review. The requested and denied services as for additional post-operative physical therapy x 6 sessions 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 post operative physical therapy x 6 sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 27.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, the patient underwent a course of postoperative PT, but there is no documentation of functional improvement to support ongoing use of therapy versus transition to an independent home exercise program. In the absence of clarity regarding the above issues, the current request for physical therapy is not medically necessary.