

Case Number:	CM15-0080444		
Date Assigned:	05/01/2015	Date of Injury:	05/30/2012
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: New Jersey
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 59 year old female, who sustained an industrial injury on May 30, 2012, incurring injuries to the left shoulder. She was diagnosed with a left shoulder impingement syndrome with a labral tear. Treatment included modified work duties, pain medications, arthroscopy, physical therapy (x24 sessions postoperatively), and steroid injections. Currently, the injured worker complained of continued pain in the left shoulder. The treatment plan that was requested for authorization included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X 12: 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, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to

restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis pain. After surgery of the shoulder, such as rotator cuff repair, it is recommended to attend up to 24 supervised sessions of physical therapy. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, reportedly completed 24 postoperative physical therapy sessions of with benefit. However, the request for continuation of this therapy which includes passive modalities, is not appropriate this far along in the treatment. There was also no evidence to support the need for supervision or to suggest that the worker was unable to perform home exercises, which should be the main physical therapy method at this point. Therefore, the request for 12 more sessions of physical therapy of the shoulder is not medically necessary.