

Case Number:	CM15-0082308		
Date Assigned:	05/04/2015	Date of Injury:	11/02/2012
Decision Date:	06/03/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52-year-old male, who sustained an industrial injury on November 2, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. His diagnosis was status post left shoulder rotator cuff repair. Diagnostic studies to date have included an MRI. Treatment to date has included postoperative physical therapy, activity modifications, home exercise program, and non-steroidal anti-inflammatory medication. On March 10, 2015, the injured worker complains of left shoulder pain, which was about the same since the prior visit. His pain is rated 3/10. His pain improves with rest, medications, and therapy. His non-steroidal anti-inflammatory medication decreases the pain from 7/10 to 3-4/10, which allows him to continue working. He complains of increased left shoulder pain with his repetitive work. The physical exam revealed decreased range of motion of the left shoulder and well-healed portal scars. The treatment plan includes 12 sessions of physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left shoulder, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The medical records provided indicate this patient has attended 6 sessions of physical therapy, the request for 12 sessions is in excess of guideline recommendations for chronic injuries. As such, the request for Physical therapy for the left shoulder, twice weekly for six weeks is not medically necessary.