

Case Number:	CM15-0085829		
Date Assigned:	05/07/2015	Date of Injury:	04/05/2011
Decision Date:	06/23/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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, New York
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 56 year old female, who sustained an industrial injury on 04/05/2011. She has reported injury to the left shoulder. The diagnoses have included left shoulder pain; status post left rotator cuff repair, acromioplasty, and Mumford; left elbow pain; and cervicgia. Treatment to date has included medications, diagnostics, ice, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Amitriptyline, and Motrin. A progress note from the treating physician, dated 03/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of limited internal rotation of the left shoulder, three months post-surgery; neck pain and locking; and the left shoulder has improved with physical therapy and home exercises, which includes both stretching and strengthening. Objective findings included decreased left shoulder range of motion with tenderness at the acromioclavicular joint and a positive impingement sign; biceps is symmetrical; and she has pain and weakness with abduction strength testing. The treatment plan has included the request for 12 additional physical therapy of the left shoulder, 2 times a week for 6 weeks as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Of The Left Shoulder, 2 Times A Week For 6 Weeks As Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for physical therapy for the left shoulder is not medically necessary. The patient had left r rotator cuff repair. As per MTUS guidelines, postsurgical treatment involves 24 visits over 14 weeks with a treatment period of 6 months. The patient had physical therapy with improvement and continued with home exercise program. It is unclear how many sessions she had. An additional 12 sessions that are being requested may exceed the recommended 24 visits. There is not enough information in the chart. Therefore, the request is considered not medically necessary.