

Case Number:	CM15-0087353		
Date Assigned:	05/11/2015	Date of Injury:	01/20/2015
Decision Date:	06/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

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 28 year old male who sustained an industrial injury on 01/20/2015. Current diagnoses include right shoulder partial subscapularis tear. Previous treatments included medication management, physical therapy, and home exercise program. Previous diagnostic studies include x-rays of the shoulder, MRI of the upper extremity, and shoulder injection arthrogram MRI. Report dated 04/01/2015 noted that the injured worker presented with complaints that included right subscapularis tear. Pain level was not included. It was noted that the injured worker felt 50% improvement with physical therapy. Physical examination was positive for tenderness and weakness. The treatment plan included referral for physical therapy, and follow up in 4-6 weeks. Disputed treatments include physical therapy 1-2 times a week for 10 weeks right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for 10 weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy, shoulder chapter (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in January 2015 and continues to be treated for a partial right rotator cuff tear. Treatments included home based exercises followed by 6 sessions of formal physical therapy. When seen, a recent arthrogram was reviewed. He was working without restrictions. He had ongoing weakness and pain with overhead activities. An additional 10 therapy sessions was requested. Physical therapy for the claimant's condition would typically include up to 10 treatments over 8 weeks. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.