

Case Number:	CM15-0087715		
Date Assigned:	05/11/2015	Date of Injury:	07/18/2008
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female, who sustained an industrial injury on 07/18/2008. She reported sustaining injuries to the right shoulder and neck secondary to repetitive work activities. The injured worker was diagnosed as having impingement of the right shoulder and shoulder tenosynovitis. Treatment and diagnostic studies to date has included as of 04/02/2015 at least 12 sessions of physical therapy, magnetic resonance imaging of the right shoulder, injection to the right shoulder, and status post right shoulder arthroscopy in September 2014 for completed rotator cuff repair. Per documentation as of 2/3/15, the patient had completed 26 post op therapy sessions. In a progress note dated 03/24/2015 the treating physician reports that the injured worker's right shoulder is improving in therapy with right shoulder abduction at 140 degrees. The seventh physical therapy note from 03/17/2015 noted that the injured worker has no complaints of pain to the right shoulder but has a decrease in range of motion to the right shoulder. The documentation also notes that the injured worker is able to perform activities of daily living independently, performs recreational activities independently, and is able to perform her home exercise program daily. The treating physician requested 12 sessions of physical therapy at 2 times 6, but did not specify the specific reason for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 weeks (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Physical Therapy 2 x 6 weeks (12 sessions) is not medically necessary per the MTUS Guidelines. The documentation indicates that the patient had a complete tear of the rotator cuff for which the MTUS recommends 40 post operative PT visits within a 16 week period. The patient currently is out of the post operative period. The documentation indicates that she can perform a home exercise program but that there is still some decreased range of motion in the shoulder. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition at this point out of the post op period. The request exceeds this number of visits. Furthermore, the request does not clearly state what body part the therapy is for therefore the request is not medically necessary.