

Case Number:	CM14-0196448		
Date Assigned:	12/04/2014	Date of Injury:	08/10/2012
Decision Date:	06/17/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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: Florida

Certification(s)/Specialty: Neurology, 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 48 year old male who sustained an industrial injury on 8/10/2012. His diagnoses, and/or impressions, are noted to include: right shoulder supra-spinatus tendon sprain/strain, impingement, bursitis and pain - status-post arthroscopy repair surgery (4/25/14); and muscle weakness. No current imaging studies or x-rays are noted. His treatments have included surgery with physical therapy; and medication management. Progress notes of 3/19/2015 reported an orthopedic re-evaluation of the right shoulder, and complaints of his right shoulder feeling the same. He reported pain with lifting his right arm and the inability to lift it toward the back, and that he could not remember the last time he had physical therapy. Objective findings were noted to include healed right shoulder wounds; active, 100 degree flexion/abduction with pain and weakness; a decreased and weak rotator cuff repair, but intact and needing strengthening; and that additional physical therapy had been denied on 2/16/2015. The physician's requests for treatments were noted to include additional physical therapy for the right shoulder due to the belief this injured worker could reach maximum medical improvement status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records report pain in the shoulder with ROM noting decreased and weak rotator cuff repair but does not document specific functional goals for 12 additional physical therapy visits. MTUS supports PT for identified goals up to 12 visits for shoulder. There is no indication of mitigating circumstances. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 12 visits of PT. Therefore, the request is not medically necessary.