

Case Number:	CM14-0213410		
Date Assigned:	12/30/2014	Date of Injury:	03/21/2012
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old patient with date of injury of 03/21/2012. Medical records indicate the patient is undergoing treatment for status post right elbow lateral release, s/p right shoulder arthroscopic rotator cuff repair with glenohumeral debridement. Subjective complaints include right shoulder pain, occasional numbness in right arm, depression, fatigue, numbness/tingling and sleep disruption. Objective findings include tenderness to right biceps, range of motion to right shoulder - flexion 80, abduction 45, internal rotation 30 and external rotation 25; left shoulder range of motion - flexion 130, abduction 90, internal rotation 30, external rotation 50; Hawkins and Neer's positive on right. Treatment has consisted of physical therapy and Ultracet. The utilization review determination was rendered on 11/21/2014 recommending non-certification of Physical therapy 2x3, right shoulder/forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3, right shoulder/forearm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), 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." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The medical records provided indicate that this patient has already undergone 24 post-operative physical therapy sessions. The treating physician has not provided documentation as to why the patient is unable to transition to a home exercise program at this time. As such, the request for Physical therapy 2x3, right shoulder/forearm to the right shoulder is not medically necessary.