

Case Number:	CM14-0216990		
Date Assigned:	01/06/2015	Date of Injury:	07/21/2013
Decision Date:	03/04/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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: Texas, California
 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:

This is a 54-year-old female patient who sustained a work related injury on 7/21/13. The patient sustained the injury when she fell with outstretched hands. The current diagnoses include sprain of the shoulder and upper arm s/p right shoulder RTC. Per the doctor's note dated 11/24/14, patient has complaints of right shoulder pain and weakness. Physical examination of the right shoulder revealed tenderness on palpation, 4/5 strength, flexion and abduction 160, internal rotation 60, normal tone and sensation. The current medication lists include Celebrex. The patient has had MRI of the right shoulder on 9/28/13 that revealed labral tear. The patient's surgical history include right shoulder arthroscopic rotator cuff repair on 7/23/14. She had received a cortisone injection in right shoulder. The patient was certified for 12 post op PT visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the right shoulder, (3 x 4 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy ? page 98 California Medical Treatment Utilization Schedule (MTUS), 2009, Pos.

Decision rationale: Request: 12 sessions of physical therapy for the right shoulder, (3 x 4 weeks). The cited guidelines recommend 24 visits over 14 weeks for this diagnosis. Per the records provided, patient was certified 12 PT visits for this injury until date. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Physical examination of the right shoulder revealed flexion and abduction 160, internal rotation 60, normal tone and sensation. In addition as per cited guidelines, Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The patient's surgical history includes right shoulder arthroscopic rotator cuff repair on 7/23/14. The postsurgical physical medicine treatment period is 6 months. She has passed the postsurgical physical medicine treatment period. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the right shoulder was not specified in the records provided. The medical necessity of the request for 12 sessions of physical therapy for the right shoulder, (3 x 4 weeks) is not fully established for this patient.