

Case Number:	CM15-0017451		
Date Assigned:	02/05/2015	Date of Injury:	01/23/2012
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/29/2015

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:

This 55 year old female sustained an industrial injury on 1/23/12. She subsequently reports left shoulder pain. Diagnoses include left shoulder strain and left shoulder bursitis. Prior treatments include surgery (rotator cuff repair May 2014) and physical therapy. A 1/7/15 progress note state that the patient has left shoulder pain and stiffness and this slowly is improving. The patient has occasional radiating pain to the left hand. The exam states left shoulder reduced range of motion especially abduction and extension. Tenderness anterior aspect. The treatment plan includes aggressive 6 session of PT and Motrin. The UR decision dated 1/19/15 non-certified Physical Therapy 2 X 3 Weeks for the Left Shoulder. The denial of Physical Therapy 2 X 3 Weeks for the Left Shoulder was based on California MTUS Post-surgical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3 Weeks For The Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy 2 x 3 Weeks for the left shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend a transitioning of physical therapy to an active self directed home exercise program. The documentation indicates that the patient has had prior therapy for the left shoulder with 20 sessions since June of 2014. The patient is out of the post operative period at this point for her shoulder surgery. The patient should be competent in a home exercise program and there is no evidence that she requires 6 more supervised therapy sessions. The request for physical therapy 2 x 3 weeks left shoulder is not medically necessary.