

Case Number:	CM15-0018066		
Date Assigned:	02/06/2015	Date of Injury:	03/17/2013
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 24 year old female, who sustained an industrial injury on 3/17/13. On 1/30/15, the injured worker submitted an application for IMR for review of Physical therapy one time a week for four to six weeks (4-6 visits). The treating provider has reported the injured worker came in to the office as a three month post operative follow-up (12/15/14 note). No complaints were documented. Then, note of 1/30/15, noted that the patient was doing well, but has had decreased ROM and increased pain after returning to work and stopping therapy. Forward elevation is 120 degrees with ER to 40 and IR to the lumbar level. Strength is 4/5 with tendon signs. A cortisone injection was performed and a course of PT was recommended. Treatment to date has included physical therapy, MRI right shoulder (12/3/13), right shoulder arthroscopy, subacromial decompression, debridement of anterior superior labrum, physical therapy (24post operatively). On 1/14/15 Utilization Review non-certified Physical therapy one time a week for four to six weeks (4-6 visits). The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one time a week for four to six weeks (4-6 visits): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Physical Therapy

Decision rationale: Regarding the request for physical therapy, CA MTUS does not specifically address PT for this circumstance. ODG supports 1-2 visits over 1 week after injection therapy to the shoulder. Within the documentation available for review, the patient underwent 24 PT sessions after shoulder surgery and was reportedly doing well until there was an exacerbation when the patient returned to work after finishing PT. The provider gave the patient a cortisone injection and recommended a course of PT. While 1-2 PT sessions would be appropriate per ODG, no clear rationale for the additional sessions was provided and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.