

Case Number:	CM15-0110171		
Date Assigned:	06/16/2015	Date of Injury:	07/26/2010
Decision Date:	07/15/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 64 year old male, who sustained an industrial injury on 7/26/2010. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include left rotator cuff syndrome status post-arthroscopy with subacromial decompression. Treatments to date include physical therapy and therapeutic injections. Currently, he complained of increasing left shoulder symptoms. There was documentation of an exacerbating situation a few weeks prior. Since that situation, he was unable to complete physical therapy. The medical records indicated twelve post-operative physical therapy sessions had been approved. On 5/15/15, the physical examination documented tenderness with palpation, decreased range of motion and a positive impingement test. A therapeutic joint injection was provided on this date. The plan of care included eight physical therapy sessions twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, eight (8) sessions (2x4), left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with exacerbation, unable to complete the PT. There are clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on an exercise program for this injury. Submitted reports have adequately demonstrated the indication to support the hand therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The Physical therapy, eight (8) sessions (2x4), left shoulder is medically necessary and appropriate.