

Case Number:	CM15-0122693		
Date Assigned:	07/06/2015	Date of Injury:	01/16/2013
Decision Date:	07/31/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old man sustained an industrial injury on 1/16/2013. The mechanism of injury is not detailed. Diagnoses include rotator cuff tear and hypertension. Treatment has included oral medications, physical therapy, home exercise program, and surgical intervention. Physician notes on a PR-2 dated 5/6/2015 show a follow up appointment two months after rotator cuff repair. No complaints are listed at this visit. Recommendations include continue home exercise program, additional physical therapy, Ibuprofen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right shoulder for 3 times per week for 4 weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right shoulder three times per week times four weeks is

not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are rotator cuff tear; and hypertension NOS. The date of injury is January 16, 2013. The request for authorization is dated May 6, 2015. A physical therapy progress note dated March 3, 2015 (physical therapy visit #17) states the injured worker has "0" pain and is doing very well. The injured worker was advised in a home exercise program April 2015. Strength is good. The treating provider progress note dated May 16, 2015 stated subjectively the injured worker is two months out and doing very well. There was some weakness on forward flexion. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. The documentation indicates the injured worker has progressed well. Additionally, the injured worker received 17 visits of physical therapy. The injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. Consequently, absent compelling clinical documentation indicating additional physical therapy is clinically warranted with documentation indicating the injured worker is doing very well, physical therapy right shoulder three times per week times four weeks is not medically necessary.