

Case Number:	CM15-0123914		
Date Assigned:	07/08/2015	Date of Injury:	06/25/2011
Decision Date:	08/06/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/26/2015

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:

The injured worker is a(n) 41 year old female, who sustained an industrial injury on 6/25/11. She reported pain in her right arm after lifting a heavy object. The injured worker was diagnosed as having right shoulder sprain, partial thickness rotator cuff tear and degenerative joint disease of the AC joint. Treatment to date has included physical therapy x 2 rounds, a right shoulder MRI, right shoulder arthroscopy on 11/3/14 and Norco. As of the PR2 dated 4/28/15, the injured worker reports right shoulder pain. Objective findings include decreased range of motion, a mild click with internal and external rotation and tenderness to palpation in the acromion and AC joint. The treating physician requested outpatient physical therapy 2 x weekly for 6 weeks to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the right shoulder, two (2) times a week over six (6) 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 rationale: Outpatient physical therapy to the right shoulder, two (2) times a week over six (6) weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT postoperatively. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits which exceed the recommended number by the MTUS. Therefore, this request is not medically necessary.