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| Case Number: | CM15-0124626 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 12/19/2011 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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:

The injured worker is a 60 year old female who sustained an industrial injury on 12/19/11 the result of pulling on a heavy door. She currently complains of pain throughout the left post-operative shoulder with a pain level of 8/10. On physical exam there was moderate tenderness over the left acromion process, distal supraspinatus tendon and long head of the left biceps tendon, moderate tenderness throughout the surgical portals with decreased range of motion. Diagnoses include left shoulder pain and dysfunction; left shoulder impingement; left shoulder rotator cuff tear; left shoulder arthroscopic surgery (4/16/15); right shoulder arthroscopy (3/17/13); carpal tunnel release. Treatments to date include medications; acupuncture; physical therapy (initial report dated 5/12/15 notes pain; decreased range of motion, strength; impaired function, gait, sensation; edema/ effusion; impaired healing). Diagnostics include MRI of the left shoulder (10/15/14) showing tendinosis with progressive tear of the distal insertion including high grade bursal surface injury. In the progress note dated 5/13/15 the treating provider's plan of care includes a request for physical therapy three times per week for six weeks for kinetic activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (kinetic activities), 3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 27.

Decision rationale: Physical therapy (kinetic activities), 3 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine. The MTUS states that for arthroscopic rotator cuff surgery the initial course of therapy would be one half of 24 total visits. The patient had this initial therapy course certified on 3/16/15. The documentation does not indicate evidence of functional improvement from these 12 sessions. Furthermore, the request for 18 more sessions of PT would exceed the MTUS recommendations for this condition. In addition, the request does not specify a body part for this therapy. For all of these reasons, the request for 18 therapy sessions is not medically necessary.