

Case Number:	CM15-0128360		
Date Assigned:	07/15/2015	Date of Injury:	07/07/2014
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/03/2015

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: Pennsylvania, Ohio, 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 43 year old female patient who sustained an industrial injury on 07/07/2014. A recent primary treating office visit dated 06/04/2015 reported the patient with subjective complaint of having significant pain and stiffness at the right shoulder; painful range of motion. There is note of ongoing progress within therapy. Objective assessment found moderate stiffness in the right shoulder and positive painful range of motion. There is recommendation to continue with aggressive physical therapy session; administration of a steroid injection. She is prescribed a modified work duty. She is status post ASAD/LOA/MUA with significant adhesive capsulitis of the right shoulder. There is recommendation to seek pain management evaluation. She was dispensed the following: Voltaren 100mg, Prilosec, and will remain temporarily totally disabled. On 02/03/2015 the primary treating had recommendation to undergo surgical intervention under the treating diagnoses of right shoulder impingement. On 04/06/2015 the patient underwent right shoulder arthroscopy. She continued progressing working under a post-operative physical therapy sessions. On 01/28/2015 she reported current medications as: Tramadol ER and Hydrocodone HCl for break through pains, and Flexeril for spasms. She utilizes activity modification, stretching, home exercises, transcutaneous nerve stimulator unit, and application of heat/cold. The treating diagnosis was: partial tear rotator cuff with acromioclavicular osteoarthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.