

Case Number:	CM15-0170585		
Date Assigned:	09/11/2015	Date of Injury:	02/26/2013
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This is a 49 year old female with a date of injury of February 26, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post rotator cuff repair. Medical records (July 29, 2015) indicate that the injured worker complains of restricted range of motion of the left shoulder, pain with any attempts to raise the arm away from her side with any load, but continued improvement since surgery. A progress note dated May 27, 2015 notes that the injured worker was making significant gains with physical therapy and was off all medications. The physical exam (July 29, 2015) reveals left shoulder incisions that are nicely healed, no tenderness, forward flexion of 170 degrees, active external rotation of 70 degrees, active internal rotation of 60 degrees, and a negative drop arm test. The progress note dated May 27, 2015 documented a physical examination that showed active forward flexion of 160 degrees, external rotation of 45 degrees, internal rotation of 45 degrees, negative drop arm test, positive impingement test. Treatment has included right shoulder rotator cuff repair on January 21, 2015, at least seven sessions of physical therapy for the shoulder, and activity restrictions. The original utilization review (August 17, 2015) partially certified a request for eight sessions of physical therapy for the left shoulder (original request for additional twelve sessions of physical therapy for the left shoulder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient is s/p shoulder arthroscopy with rotator cuff repair on 1/21/15, over 8 months past with at least 15+ PT sessions certified, thereby, chronic guidelines applicable. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 3 times a week for 4 weeks for the left shoulder is not medically necessary and appropriate.