

Case Number:	CM15-0171953		
Date Assigned:	09/14/2015	Date of Injury:	05/07/2014
Decision Date:	10/23/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This is a 51 year old female with a date of injury on 5-7-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left rotator cuff impingement and left cervical radiculopathy. According to the progress report dated 7-22-2015, the injured worker complained of weakness in her left shoulder. Rotator cuff testing was noted to be positive. Active strength was noted to be decreased but improving. Passive motion was noted to be very good. The physical therapy note dated 7-30-2015, documents that the injured worker has been compliant with her home exercise program. She rated her pain as three out of ten. Her initial pain had been seven out of ten. She tolerated physical therapy well with only a slight increase in pain, mainly with eccentric exercise. All range of motion was within functional limits. Per the treating physician (7-22-2015), the employee has not returned to work. Treatment has included left shoulder surgery (3-16-2015) and at least 29 post-operative physical therapy sessions. The request for authorization dated 7-22-2015 was for six treatments of physical therapy. The original Utilization Review (UR) (8-5-2015) denied a request for physical therapy three times a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Post-operative physical therapy 3 times per week for 2 weeks, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

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.