

Case Number:	CM15-0024210		
Date Assigned:	02/13/2015	Date of Injury:	07/22/2014
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 46-year-old male reported a work-related injury on 7/22/2014. According to the PR2 from the treating provider dated 12/30/2014, the injured worker reports right lateral shoulder pain. The diagnoses include superior glenoid labrum lesion and rotator cuff strain. Previous treatments include medications, physical therapy and surgery. The treating provider requests additional post-op physical therapy two times weekly for six weeks for the right shoulder. The Utilization Review on 1/30/2015 non-certified the request for additional post-op physical therapy two times weekly for six weeks for the right shoulder, citing CA MTUS Postsurgical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-OP Physical Therapy 2xWk x 6 Wks, right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, Physical therapy.

Decision rationale: This patient has participated in 24 post op physical therapy sessions between 10/7/14 and 1/12/15. Physical therapy progress report notes that the patient "continues to demonstrate slow but steady progress." In this case, the treater does not discuss why the patient would not be able to transition into a self directed home exercise to address any residual complaints. Furthermore, the patient has already had 24 sessions and any additional sessions would exceed what is recommended by MTUS. This request IS NOT medically necessary.