

Case Number:	CM15-0065111		
Date Assigned:	04/13/2015	Date of Injury:	07/16/2013
Decision Date:	05/15/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/06/2015

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, Pain Management, Occupational 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 48-year-old male injured worker suffered an industrial injury on 07/16/2013. The diagnoses included left shoulder partial thickness tendon tear, left shoulder chondromalacia, and left shoulder inferior labral tear and epicondylitis right elbow. The injured worker had been treated with left shoulder arthroscopy and physical therapy. On 3/4/2015, the treating provider reported after six months after surgery there is still some pain in the left shoulder. The treatment plan included Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 6 sessions for the left shoulder/elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS 2009 recommends up to 24 sessions of therapy post-operatively. The patient has received 20 session of PT and 6 additional sessions have been ordered. This request for PT exceeds MTUS 2009 recommendations since the total number of sessions would equal 26. Furthermore, the PT notes indicate that the right elbow has not improved and the patient is independent with his home exercise program. There is no indication for additional PT beyond what has already been provided. Based upon the number of sessions exceeding MTUS 2009 recommendations and the physical therapists reporting that the patient has plateaued with therapy, this request for an additional six sessions of PT is not medically necessary.