

Case Number:	CM15-0068816		
Date Assigned:	04/16/2015	Date of Injury:	09/15/2009
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 58 year old female who sustained an industrial injury on 09/15/09. Initial complaints and diagnoses are not available. Treatments to date include right shoulder surgery, physical therapy, sling, home exercise program, ice, heat and medications. Diagnostic studies include a MRI of the right shoulder. Current complains include right shoulder pain. Current diagnose include right shoulder impingement. In a progress note dated 01/08/15, the treating provider reports the plan of care as continued physical therapy, home exercise, ice/heat, and medications. The requested treatment is physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of additional post-op therapy- right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 sessions additional postoperative physical therapy right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are injury to ulnar nerve; others specified disorders rotator cuff syndrome; and carpal tunnel syndrome. The documentation shows the injured worker underwent a revision for right shoulder arthroscopy with rotator cuff repair/Mumford procedure on November 19, 2014. The injured worker received a full complement of 24 sessions post operative physical therapy. There is no documentation the injured worker is engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy is warranted. Additionally, the injured worker should be well-versed in exercises performed during physical therapy to engage in a home exercise program. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts to warrant additional physical therapy, 8 sessions additional postoperative physical therapy right shoulder is not medically necessary.