

Case Number:	CM15-0072756		
Date Assigned:	04/23/2015	Date of Injury:	04/13/2011
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68-year-old female who sustained an industrial injury on 4/13/11. The injured worker reported symptoms in the left shoulder. The injured worker was diagnosed as having sprain and strain other site shoulder and upper arm, adhesive capsulitis of shoulder, complete rupture of rotator cuff, and rotator cuff sprain and strain. Treatments to date have included status post left shoulder arthroscopic rotator cuff repair (10/28/14), physical therapy and home exercise program. Currently, the injured worker complains of left shoulder discomfort. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, physical therapy.

Decision rationale: The claimant is more than four years status post work-related injury and underwent an arthroscopic left rotator cuff repair in October 2014 followed by physical therapy. When seen, she had completed formal physical therapy treatments and was performing a home exercise program 4-5 times per week. Physical examination findings included pain with range of motion. A subacromial injection was administered. In this case, treatments have already included a course of physical therapy with benefit including instruction in a home exercise program. In terms of physical therapy, patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for shoulder strengthening and range of motion. Providing additional skilled physical therapy services again does not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.