

Case Number:	CM15-0077606		
Date Assigned:	04/28/2015	Date of Injury:	11/27/2012
Decision Date:	05/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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

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 24 year old male, who sustained an industrial injury on 11/27/2012. He has reported subsequent shoulder pain and was diagnosed with rotator cuff sprain and strain and adhesive capsulitis of the shoulder. Treatment to date has included oral and injectable pain medication, physical therapy and a home exercise program. In a progress note dated 03/13/2015, the injured worker was noted to be status post left shoulder arthroscopy and to be in little pain. Objective findings showed that wounds were healing and sutures and steri-strips were applied. A request for authorization of 12 additional sessions of physical therapy for the left shoulder was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (left shoulder) 3 x 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has undergone 12 sessions of therapy with documentation of objective functional improvement. The patient has ongoing objective treatment goals, and has completed 12 out of the 24 maximum recommended therapy session following Rotator Cuff Repair. The patient is noted to be undergoing a home exercise program. Therefore, the currently requested 12 additional therapy sessions are medically necessary.