

Case Number:	CM15-0079793		
Date Assigned:	04/30/2015	Date of Injury:	07/22/2014
Decision Date:	06/01/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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: Preventive Medicine, 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 injured worker is a 47 year old male who sustained an industrial injury on 7/22/14 when he fell off a ladder injuring his right arm. He had an MRI of the right shoulder (8/15/14) which showed a massive full thickness tear of the infraspinatus and supraspinatus. He underwent surgery on 9/11/14. He currently complains of some pain and restricted range of motion of the right shoulder. Certain aspects of his activities of daily living are limited due to restricted range of motion of the right shoulder. Medication is ibuprofen. Diagnoses include right rotator cuff tear; superior glenoid labrum lesion; status post right shoulder arthroscopic repair. Treatments to date include home exercises; physical therapy. Diagnostics include right shoulder x-rays (9/10/14) with positive findings. In the progress note dated 3/25/15 the treating provider's plan of care includes formal physical therapy focusing on range of motion of the right shoulder for two times a week for another six weeks since his job is so physical and there is no light duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 weeks, Right Shoulder: Upheld

Claims Administrator 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Per the MTUS Guidelines, post-surgical treatment guidelines recommend 24 visits of physical therapy over 14 weeks. The post-surgical physical medicine treatment period is 6 months and has expired. His surgery occurred on 9/11/2014. He had right shoulder rotator cuff repair of the infraspinatus but the supraspinatus was not repairable. The injured worker completed the post-operative physical therapy sessions on 1/12/15. The injured worker is progressing slower than expected due to the non-surgical supraspinatus. The MTUS Chronic Pain Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The request for Physical Therapy 2 x 6 weeks, Right Shoulder is in excess of the recommended therapy. The request for Physical Therapy 2 x 6 weeks, Right Shoulder is determined to not be medically necessary.