

Case Number:	CM15-0101155		
Date Assigned:	06/03/2015	Date of Injury:	06/27/2012
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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 49 year old, male who sustained a work related injury on 6/27/12. The diagnoses have included shoulder sprain, rotator cuff tear and status post left shoulder surgery. Treatments have included left shoulder surgery, physical therapy, peripheral nerve block, medications and home exercises. In the Orthopedic Progress Report dated 3/24/15, the injured worker complains of left shoulder pain. He states he has significant pain with physical therapy but the pain is improving. He is pleased with the outcome and progression. He notes daily improvement with strength. He has some decreased range of motion in shoulder. The treatment plan includes a recommendation for continued and additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times per 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, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work-related injury in June 2012 and underwent arthroscopic repair of a large left rotator cuff tear in November 2014. He had post-operative physical therapy with reported completion of 24 treatment sessions. When seen, he was having ongoing shoulder pain but was improving. There was decreased range of motion. Recommendations included home exercises and up to 18 additional therapy sessions. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 40 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected and would not require specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of Thera Bands for strengthening and self-applied modalities such as heat and ice. In this case the claimant has already had a course of post-operative physical therapy with therapeutic content to have included a home exercise program. The additional number of visits being requested would be in excess of the guideline recommendation or what would be needed to finalize a home exercise program. Therefore, the requested additional physical therapy was not medically necessary.