

Case Number:	CM15-0102676		
Date Assigned:	06/05/2015	Date of Injury:	05/09/2014
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male who sustained an industrial injury on 5/9/14 to his right shoulder while opening a door. He had right shoulder arthroscopy (11/3/14). He currently has instability of the shoulder with frequent, painful clicking/popping and lateral sided pain radiating down to the elbow with cramping in the biceps muscles if the arm is flexed for too long. He experiences numbness of the lateral upper arm with typing. He is limited in his normal activities. On physical exam he has mild anterior tenderness of the right shoulder. There was a positive Hawkins's impingement sign and Yagerson test was positive. He takes no medication for pain. Diagnoses include traumatic right rotator cuff tear; right shoulder superior labral tear from anterior to posterior lesion, right biceps tendon tear, status post right shoulder arthroscopy (11/3/14); acromioclavicular joint arthrosis; rotator cuff tendinosis. Treatments to date include physical therapy with improvement. Diagnostics include MRI of upper extremity joint (6/4/14) showing complex superior labral tear from anterior to posterior tear; MRI upper extremity (5/7/15) showing severe tendinosis of the subscapularis tendon. On 5/12/15 the treating provider requested that the injured worker to resume physical therapy 2X3 to focus on strengthening of intraspinalis and subscapularis muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 3 wks, 6 sessions for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy, 2 times wkly for 3 wks, 6 sessions for Right Shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation does not reveal significant objective functional improvement from prior therapy. The patient should be versed in a home exercise program at this point. The request for additional physical therapy is not medically necessary.