

Case Number:	CM15-0130546		
Date Assigned:	07/16/2015	Date of Injury:	07/22/2013
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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, 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 54-year-old female, who sustained an industrial injury on 7/22/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having a right shoulder arthroscopy, bilateral carpal tunnel release, bilateral forearm tendinitis and bilateral radial tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included occupational therapy and medication management. In a progress note dated 6/16/2015, the injured worker complains of pain in the elbows and arms. Physical examination showed right shoulder impingement, right shoulder weakness and radial tunnel tenderness. The treating physician is requesting 12 additional visits of post-operative physical therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right shoulder 2 times per weeks for 6 weeks: Upheld

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

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

Decision rationale: MTUS 2009 recommends up to 24 sessions of PT postoperatively over a 6-month time frame. The patient has completed 24 sessions of post-operative PT with an additional 6 sessions approved instead of the 12 additional sessions requested. The PT notes describe the visits consisting of unsupervised application of electrical stimulation and therapeutic exercise. The patient has functional range of motion and some residual weakness. There are some strengthening goals and range of motion goals, which can be achieved by performing exercises. Six additional sessions were approved to monitor participation in the home exercise program. This appears sufficient to ensure adherence and adequate form in the exercises. Therefore, this request for an additional 6 sessions beyond the 24 sessions initially approved and the six sessions approved as part of this request is not medically necessary.