

Case Number:	CM15-0141626		
Date Assigned:	07/31/2015	Date of Injury:	05/09/2012
Decision Date:	08/28/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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 57 year old male who sustained an industrial injury on 5-9-12. He had complaints of right shoulder pain. Progress report dated 6-9-15 reports follow up of left shoulder surgical reconstruction done on 10-1-14. He is getting better and stronger. His range of motion is improving. He does continued complaints of crepitation around the shoulder. Diagnoses include: continued clinical improvement left shoulder status post arthroscopic intervention. Plan of care includes: continue home exercise program, continue activities as tolerated, anticipate permanent and stationary status soon and request continued physical therapy of his right shoulder. Will follow over the next few months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right shoulder qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in May 2012 and is being treated for shoulder pain. He underwent left shoulder arthroscopic surgery in October 2014. When seen, he was having right shoulder pain. He was eight months status post surgery for the left shoulder and there had been continued improvement. There was no examination of the right shoulder. The claimant is being treated for chronic pain with no new injury and has already had physical therapy for the left shoulder following surgery. Being requested is therapy for the right shoulder. There are no reported physical examination findings of impairment and no specific therapeutic content is being requested. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommendation. The request is not medically necessary.