

Case Number:	CM15-0142351		
Date Assigned:	08/03/2015	Date of Injury:	01/09/2014
Decision Date:	09/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/22/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 1-9-14. The injured worker was diagnosed as having right shoulder arthritis status post debridement, right shoulder superior labral anterior posterior lesion status post repair, right shoulder rotator cuff tear status post repair, right biceps tendinitis status post tenodesis, and postoperative adhesive capsulitis. Treatment to date has included right shoulder arthroscopy with rotator cuff repair, excision of distal clavicle and biceps tenodesis on 12-11-14. Other treatment included medication. Currently, the injured worker complains of right shoulder pain and stiffness. The treating physician requested authorization for physical therapy 2x6 for 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 2x6 for right shoulder: Upheld

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

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

Decision rationale: The patient presents with right shoulder pain. The patient is status post right shoulder arthroscopy from 12/11/2014. The current request is for physical therapy 2 x 6 for right shoulder. The treating physician's report dated 02/18/2015 (9B) states, "The patient reports persistent pain and stiffness of his right shoulder." The physician noted that the patient will require a more prolonged course of therapy and recommends therapy 2 times a week for 6 weeks. Physical therapy reports were not made available. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient's right shoulder surgery was from 12/11/2014 and is past post-surgical time line. While a short course of physical therapy may be appropriate given the patient's persistent pain and stiffness, the requested 12 sessions exceed MTUS Guidelines. The current request is not medically necessary.