MAXIMUS Federal Services

Case Number:	CM15-0167467		
Date Assigned:	09/08/2015	Date of Injury:	01/13/2009
Decision Date:	10/07/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/25/2015

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-work injury on 1-13-09. He reported initial complaints of bilateral hand and shoulder pain. The injured worker was diagnosed as having rotator cuff tear and supraspinatus sprain. Treatment to date has included medication, surgery (rotator cuff repair, subacromial decompression, lysis of adhesions), diagnostics, and physical therapy. Currently, the injured worker complains of right shoulder pain and numbness in hand with history of carpal tunnel, status post left rotator cuff repair. Per the primary physician's progress report (PR-2) on 7-9-15, exam notes extension of 160 degrees, abduction of 150 degrees, external rotation at 60 degrees, negative testing. Left shoulder is improving but has right shoulder pain now. Current plan of care included follow up treatment to right shoulder and therapy for left shoulder. The requested treatments include 12 physical therapy visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the left shoulder: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury in January 2009 and is being treated for left shoulder pain with a history of a revision arthroscopic subacromial decompression with rotator cuff repair in February 2015. As of 06/10/15 he had completed 22 post-operative physical therapy treatments. When seen, he was having shoulder pain and hand numbness. A history of carpal tunnel syndrome was noted. Physical examination findings included nearly normal range of motion with negative impingement testing. Additional physical therapy was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.