

Case Number:	CM15-0167526		
Date Assigned:	09/08/2015	Date of Injury:	05/12/2013
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
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 50-year-old male with an industrial injury dated 05-12-2013. His diagnosis documented for the 07-13-2015 encounter is lumbar pain. He presents on 07-13-2015 for reevaluation. He was approximately 2 months post shoulder surgery and doing well. Physical exam revealed a normal gait. There was normal range of motion of the cervical spine and thoracic spine. Bilateral shoulder range of motion was normal. The treatment request is for physical therapy, lumbar spine, 2 times wkly for 4 wks, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar spine, 2 times wkly for 4 wks, 8 sessions: Upheld

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

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

Decision rationale: The claimant sustained a work injury in May 2013. He underwent an arthroscopic right rotator cuff decompression and labral repair on 05/19/15 followed by

postoperative physical therapy. When seen, he was improving well. He was approximately 2 months status post surgery. There had been completion of five postoperative therapy treatments. Physical examination findings included normal right shoulder range of motion without complaints of pain. A normal strength exam is documented. Authorization for eight additional physical therapy treatment sessions 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 if indicated and continued up to the end of the postsurgical physical medicine period. In this case, the claimant had not completed the initial course of post-operative physical therapy. Whether additional physical therapy would be needed was unknown. The requesting provider does not document any residual impairment. The request is not considered medically necessary.