

Case Number:	CM15-0167821		
Date Assigned:	09/08/2015	Date of Injury:	08/19/2014
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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 26 year old male, who sustained an industrial injury on 8-19-2014. The mechanism of injury was not provided. The injured worker was diagnosed as having status post right shoulder arthroscopy-labral repair and partial bursectomy and biceps tendinitis. Radiology studies post-surgery were not provided. Treatment to date has included shoulder surgery, physical therapy and medication management. A recent progress report dated 7-27-2015, reported the injured worker complained of biceps soreness. Physical examination revealed improved range of motion. The physician is requesting 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy #12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy, Superior glenoid labrum lesion (labral repair/SLAP lesion).

Decision rationale: The claimant sustained a work injury in August 2014 and underwent and arthroscopic right shoulder labral repair in February 2015. When seen, there was improved range of motion and strength. Physical examination findings included normal range of motion with good strength. Additional physical therapy is being requested. After surgery, he started postoperative therapy treatments on 03/27/15 and 18 treatments are documented as of 06/02/15 including instruction in a home exercise program. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks, although treatment goals can usually be achieved with fewer visits. In this case, the claimant has already had post-operative physical therapy, when requested, there was no identified residual impairment, and no particular therapeutic content is being requested. 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 what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.