

Case Number:	CM15-0181926		
Date Assigned:	09/23/2015	Date of Injury:	11/16/2012
Decision Date:	10/27/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/15/2015

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 30-year-old male, who sustained an industrial injury on 11-16-2012. The injured worker was diagnosed as having pain in shoulder joint, adhesive capsulitis of shoulder, bicipital tenosynovitis, superior glenoid labrum lesion, and rotator cuff (capsule) sprain. Treatment to date has included diagnostics, right shoulder surgery 2-19-2013 and 1-16-2015, medications, physical therapy (at least 18 post-operative visits since second surgery per progress report 8-27-2015), and home exercise program. Currently (8-27-2015), the injured worker complains of right shoulder pain, not rated, and reported trying to do exercises on his own. Medication use included Naproxen, Nucynta ER, and Nucynta. Function with activities of daily living was not described. Physical therapy was documented as "stopped". Work status was modified. Exam of the right shoulder showed "little, if any atrophy posteriorly", intact neurovascular status, ability to demonstrate some very early wall climbs to 150 degrees, active elevation "still at best to 110" degrees, internal rotation to 90 degrees, external rotation to 45 degrees, some guarding at extremes in motion, and strength "approaching 5+ of 5 throughout, with pain". Physical therapy progress notes were not submitted. The treatment plan included additional physical therapy for the right shoulder, 3x4, non-certified by Utilization Review on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right shoulder 3x4 (in house): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in November 2012 when, while pushing a dolly upper ramp, it hit a lip, causing an injury to the right shoulder. He underwent right shoulder arthroscopic surgery in February 2013 with a subacromial decompression and rotator cuff repair. In January 2015 he underwent diagnostic arthroscopy with labral debridement, biceps and pectoral tenodesis, lysis of adhesions, and suprascapular nerve release. As of 04/13/15 he had completed 12 postoperative treatments. In May 2015 he had six additional treatments. In June he was trying to exercise on his own at home. When seen, he was having ongoing shoulder pain. He had decreased range of motion. There was guarding and pain with strength testing. Authorization for an additional 12 physical therapy treatments is being requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. 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. The request is not medically necessary.