

Case Number:	CM15-0184698		
Date Assigned:	09/25/2015	Date of Injury:	10/18/2013
Decision Date:	11/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/21/2015

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 44-year-old male who sustained an industrial injury on 10-18-2013. Medical records indicated the worker was treated for overuse of the right shoulder. A fluoroscopic right shoulder arthrography (04-23-2015), was done for continued pain post right shoulder arthroscopy (10-20-2014) and was described in the provider note of 05-23-2015 as "right shoulder-small superior labral tear otherwise unremarkable". In the secondary treating physician's progress report of 7-22-2015, the worker has had sixteen post-operative sessions of physical therapy, which increased his range of motion, and two cortisone injections to the right shoulder, which provided no relief. He complained of right shoulder pain that increased with movement. On exam, there was tenderness, spasm, and swelling noted over the deltoid complex and acromioclavicular joint. Neer's test was positive. Manual muscle testing revealed 4/5 strength with flexion, extension, abduction, adduction, internal rotation and external rotation. Range of motion was restricted due to pain. Diagnoses at that time (07-22-2015) included right shoulder derangement; right shoulder impingement syndrome; right shoulder rotator cuff strain; right shoulder superior labral tear; and status post right shoulder arthroscopy. In the exam notes of 08-15-2015, the worker complained that the right shoulder pain interfered with activities of daily living and kept him awake. The shoulder pain did not radiate but made moving his arm difficult and delayed. Objective findings included normal range of motion of the neck, and limitation of the right shoulder range of motion. Range of motion in degrees was abduction 70, flexion 80, external rotation 40, and internal rotation 10. The worker had pain on palpation of the supraspinatus muscle. The treatment plan included continuation of acupuncture and physiotherapy. A request for authorization was submitted for Physiotherapy 3 x 4 for right shoulder. A utilization review decision 09-17-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio therapy 3 x 4 for right shoulder: 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 October 2013 due to repetitive overhead reaching and is being treated for right shoulder pain. He underwent a right shoulder arthroscopy in October 2014. When seen in July 2015, he had completed 16 post-operative therapy sessions with improved range of motion and had undergone two cortisone injections without relief. Physical examination findings included shoulder tenderness with swelling and spasms. There was decreased range of motion with positive impingement testing. Being requested is 12 sessions of physical therapy. 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 revise or reestablish the claimant's home exercise program. The request is not medically necessary.