MAXIMUS Federal Services

Case Number:	CM15-0186175		
Date Assigned:	09/28/2015	Date of Injury:	11/19/2014
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old male, who sustained an industrial injury on 11-19-14. The injured worker is being treated for right shoulder sprain and history of shoulder surgery. (MRI) magnetic resonance imaging of right shoulder performed on 1-24-15 revealed transmural destruction of the subscapularis tendon with myotendinus retraction, infraspinatus and supraspinatus tendinosis with partial interstitial disruption, degeneration of superior and anterior superior labrum and evidence of degeneration of the posterior inferior labrum. Treatment to date has included right shoulder arthroscopy, 30 post op physical therapy sessions of right shoulder (physical therapy visit dated 3-2-15 revealed improved tolerance with exercise), home exercise program, oral over the counter medications and activity modifications. On 8-24-15, the injured worker complains of mild ache in right shoulder and is unable to perform activities of daily living due to limited range of motion. Work status is modified duties. Physical exam performed on 8-24-15 revealed restricted range of motion of right shoulder with normal sensation and "seems he has regressed a little from his last visit given weakness and limitations in motion". The treatment plan included a request for 6 additional physical therapy visits of right shoulder (which has been requested and denied for multiple months). On 10-2-15 request for 6 additional physical therapy visits was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy, once weekly for 6 weeks, right shoulder, per 08/19/2015 order Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with right shoulder pain. The current request is for Additional Post-operative Physical Therapy, once weekly for 6 weeks, right shoulder per 08/19/2015. The patient is status post right shoulder arthroscopy and decompression from 03/02/2015. The treating physician's report dated 08/19/2015 (19B) did not provide a rationale for the request. However, the 08/24/2015 (16B) report notes, "Completed 30/30 postop PT, doing HEP". He seems to have regressed a little from his last visit, given weakness and limitations in motions, I recommend additional physical therapy." The patient's surgery is from 03/02/2015 and post-surgical guidelines do not apply. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 03/11/2015 (61B) does not show how many sessions the patient has attended. More recent physical therapy reports were not made available for review. In this case, the patient has received 30 post-surgical physical therapy recently and should now be able to continue his home-exercise program to improve flexibility and strength. The current request is not medically necessary.