

Case Number:	CM15-0201874		
Date Assigned:	10/16/2015	Date of Injury:	03/03/2014
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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: Maryland

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

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 51 year old male who sustained an industrial injury on 03-03-2014. Documentation shows that the injured worker was being treated for right shoulder pain status post arthroscopic surgery x 2 and lumbar degenerative joint disease and degenerative disc disease. The injured worker underwent right shoulder surgery on 07-30-2014 and 02-11-2015. The operative reports were not submitted for review. The most recent surgery performed on 02-11-2015 included right shoulder arthroscopic lysis of adhesions, capsular release, labral repair and manipulation under anesthesia. According to an agreed medical evaluation report dated 08-14-2015, the injured worker reported right shoulder pain that had a nocturnal component and was associated with radiation to the nape of the neck, right greater than left. Pain increased with pushing, pulling, carrying or lifting and was particularly painful when attempting to reach with the right shoulder. He was unable to perform activities with his right arm at or above shoulder level. The provider noted that he had not seen the second operative report in regards to the shoulder. He also noted that given the adhesive capsulitis and underlying diabetes mellitus disease that a delay in recovery was clearly expected and that he would need to see the most recent reports and last operative report before making further recommendations regarding treatment for the shoulder. According to a chart note dated 08-31-2015, the injured worker had not been authorized any more physical therapy. Pain was improved but he was still having significant stiffness. Physical examination demonstrated flexion to 120, external rotation 70 at 90 and 40 at 0 and internal rotation to L5. No pain with mid-range of motion was noted. The treatment plan included physical therapy for strength and conditioning and aggressive stretching

exercises to improve range of motion. He was to remain off work. An authorization request dated 09-14-2015 was submitted for review. The requested services included physical therapy for the right shoulder 2 x 6 weeks. On 09-22-2015, Utilization Review modified the request for physical therapy 2 times a week for 6 weeks for the right shoulder. It is unclear from the documentation submitted for review how many physical therapy sessions for the right shoulder has been completed to date. Per documentation, the patient has completed 24 postoperative PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009, Section(s): Shoulder.

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

Decision rationale: Physical therapy 2 times a week for 6 weeks for the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient is out of the 6-month post surgical period for this shoulder surgery. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior postoperative PT. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would exceed the MTUS recommended number of visits for this condition therefore this request is not medically necessary.