

Case Number:	CM15-0204634		
Date Assigned:	10/21/2015	Date of Injury:	04/11/2015
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46-year-old male who sustained an industrial injury on 4-11-15. A review of the medical records indicates that the worker is undergoing treatment for right shoulder rotator cuff tendinitis, right shoulder status post arthroscopy (7-23-15), subacromial decompression, acromioclavicular joint resection and debridement. Subjective complaints (9-11-15) include pain he had before surgery in the right shoulder is gone, but has new pain over the anterior lateral aspect of the right humerus. Objective right shoulder findings (9-11-15) include well healed scars, greater tuberosity tenderness, and abduction of 90 degrees and forward flexion of 90 degrees. Work status was noted as 9-11-15 temporarily totally disabled and start full time work full duty on 11-1-15. The treatment plan includes continued post operative physical therapy 3 x 6 weeks and to be weaned to a home physical therapy program, refill Diclofenac XR and Omeprazole. The requested treatment of additional physical therapy 3 times a week for 6 weeks (right shoulder) was on 9-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 3 times a week for 6 weeks right shoulder: 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: Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.