

Case Number:	CM15-0032617		
Date Assigned:	02/26/2015	Date of Injury:	01/23/2014
Decision Date:	04/09/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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
 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 41 year old male, who sustained an industrial injury on January 23, 2014. The injured worker has reported a right shoulder injury. The diagnoses have included status post right shoulder rotator cuff repair on May 13, 2014 and adhesive capsulitis. Treatment to date has included pain medication, 28 physical therapy treatments, steroid injection and a home exercise program. Current documentation dated January 8, 2015 notes that the injured worker's right shoulder showed weakness and a limited range of motion, status post right shoulder arthroscopy with subacromial decompression and rotator cuff repair. Impingement maneuvers produced mild discomfort. The injured worker was noted to be improving slower than expected. On January 23, 2015 Utilization Review non-certified a request for physical therapy two times a week for six weeks to the right shoulder. The MTUS, Post-Surgical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in his right shoulder, lower back and lower extremity. The patient is s/p right shoulder arthroscopy on 05/13/14. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE RIGTH SHOULDER. The 01/08/15 progress report indicates that the patient has had a total of 28 sessions of physical therapy, but many of these sessions were completed prior to therapy. "The patient feels that therapy does benefit him significantly. He is performing home exercises daily but states he is not noticing significant improvement in range of motion or strength". The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post- operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the patient has had a total of 28 sessions of therapy and the patient has had at least 13 post-op sessions between 06/23/14 and 08/11/14. There is discussion regarding the patient's home exercise program but there is no discussion why the patient is unable to do the necessary home exercises. Furthermore, the requested 12 sessions combined with 28 already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.