

Case Number:	CM15-0038125		
Date Assigned:	03/06/2015	Date of Injury:	05/31/2011
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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:

This 46-year-old male sustained a work related injury on 05/31/2011. According to a follow up consultation dated 01/03/2015, the injured worker was status post right shoulder surgery in May 2014. Right shoulder pain was rated 5 on a scale of 1-10 and left shoulder pain was rated 3. According to the provider, recent postoperative physical therapy facilitated diminution in pain and improved tolerance to activity. The injured worker inquired of additional physical therapy. Objective findings revealed tenderness of the right shoulder. Right shoulder range of motion was improved and spasm of the cervical trapezius/deltoid musculature was decreased. Diagnoses included status post right wrist arthroscopy and moderate edema of the lunate (trauma related). According to the provider the injured worker remained relatively deconditioned provided the physical nature of work duties. The provider requested additional postoperative physical therapy for the right shoulder 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy, Right Shoulder 2 x 4: 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 shoulder. The patient is s/p right shoulder surgery in May 2014 and left shoulder surgery in December 2013. The request is for 8 SESSIONS OF POST- OPERATIVE PHYSICAL THERAPY FOR THE RIGHT SHOULDER. The treater simply indicates temporarily totally disabled for 4 weeks, per 01/29/15 progress report. The physical therapy reports between 07/23/14 and 12/09/14 are provided for the view. 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, prior treatment appears to have failed and there is no explanation as to what can be accomplished with additional therapy. The therapy reports indicate that the patient has had 36 sessions of therapy between 07/23/14 and 12/09/14. There is no discussion regarding the patient's home exercise program and why the patient is unable to do the necessary home exercises. Furthermore, the requested 8 sessions combined with 36 already received exceed what is allowed per MTUS for non-post-op therapy treatments. The request IS NOT medically necessary.