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| Case Number: | CM15-0039273 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 10/15/2011 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/16/2015 |
| 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: Massachusetts

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

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 50-year-old female who sustained an industrial injury on 10/15/2011. She injured her right shoulder and lumbar spine lifting a case of water. Diagnoses include status post right shoulder arthroscopy and labral repair, and right shoulder capsulitis, and status post manipulation under anesthesia on 11/17/2014. Treatment to date has included medications, 24 physical therapy sessions, acupuncture sessions, chiropractic care, diagnostics, and home exercise program. A physician progress note dated 02/03/2015 documents the injured worker shows improvement, but slower than expected. She is still complaining of pain in the right shoulder and pain in the right elbow. Range of motion of the right shoulder is restricted. A physical therapy note dated 02/03/2015 documents the injured worker has made improvements in right shoulder flexibility and strength over last course of physical therapy but complains of right elbow pain with right shoulder movement. Treatment requested is for additional physical therapy to the right shoulder, two (2) times a week for four (4) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to the Right Shoulder, two (2) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional improvement measures Page(s): 98-99, 48.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 98-99.

Decision rationale: The claimant is more than 3 years status post work-related injury and underwent right shoulder arthroscopic surgery in November 2014. Post-operative physical therapy included completion of 24 treatment sessions. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Compliance with a home exercise program would be expected would not required specialized equipment. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case, the claimant has already had a course of post-operative physical therapy with therapeutic content to have included a home exercise program. Therefore, the requested additional physical therapy was not medically necessary.