

Case Number:	CM15-0050768		
Date Assigned:	03/24/2015	Date of Injury:	12/05/2013
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 67 year old male who sustained an industrial injury on 12/05/13. Initial complaints and diagnoses are not available. Treatments to date include right shoulder surgery and physical therapy. Diagnostic studies are not discussed. Current complaints include pain and swelling in the right shoulder. In a progress note dated 02/09/15 the treating provider reports the plan of care as continued physical therapy and home exercises. The requested treatment is physical therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X 6 Weeks Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for chronic right shoulder pain and swelling. An arthroscopic rotator cuff repair was done in September 2014. When seen, her range of motion had improved but was still

decreased and there was decreased strength with positive impingement testing. She had completed 18 therapy treatments. 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 and the additional number of treatments requested is in excess of that recommended. Therefore, the request was not medically necessary.