

Case Number:	CM15-0053363		
Date Assigned:	03/26/2015	Date of Injury:	02/21/2014
Decision Date:	05/04/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 44 year old male, who sustained an industrial injury on 2/21/2014. Diagnoses include thoracic sprain/strain, lumbosacral sprain/strain, neck sprain/strain and contusion, shoulder. Treatment to date has included surgical intervention on the right shoulder (11/20/2014), medications, modified activity, physical therapy, and home exercises. Per the Primary Treating Physician's Progress Report dated 2/16/2015, the injured worker reported some improvements with gains in range of motion of the right shoulder with physical therapy and home exercises. Physical examination of the right shoulder revealed forward flexion 125-130 degrees, abduction 85 degrees, internal rotation 75-80 degrees, external rotation 60 degrees and adduction 40 degrees. Abduction power and external rotation power are 4-/5. He is status post-surgical intervention (11/20/2014) and authorization was requested for additional postoperative physical therapy for 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 Reevaluation, right shoulder, cervical, thoracic & lumbar areas, per 01/29/15 order QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in February 2014 and underwent arthroscopic right shoulder surgery in November 2014. He also has been treated for low back pain including chiropractic care. He is receiving postoperative physical therapy. In terms of the requested reevaluation, the claimant is currently receiving post-operative therapy for his right shoulder. Therapy treatments would be expected to include an assessment of the claimant's progress and requesting a separate re-evaluation is not medically necessary.

Postop Physical therapy, 2x weekly, Right shoulder, cervical, thoracic, & lumbar areas, per 01/29/15 QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment, Preface, Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in February 2014 and underwent arthroscopic right shoulder surgery in November 2014. He also has been treated for low back pain including chiropractic care. He is receiving postoperative physical therapy. In terms of the requested reevaluation, the claimant is currently receiving post-operative therapy for his right shoulder. Therapy treatments would be expected to include an assessment of the claimant's progress and requesting a separate reevaluation is not medically necessary.