

Case Number:	CM15-0016880		
Date Assigned:	02/05/2015	Date of Injury:	06/13/2013
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 06/13/2013. He has reported pulling his right shoulder using a disinfecting pump at work. Diagnoses include right shoulder pain, failed right shoulder arthroscopic surgery, and status post right shoulder rotator cuff repair. Treatment to date has included magnetic resonance imaging of the right shoulder, above listed surgical procedure, home exercise program, and physical therapy. In a progress note dated 01/08/2015 the treating provider reports intermittent dull pain to the right shoulder that worsens upon raising the right arm along with intermittent numbness and tingling radiating to the right arm. The injured worker rates the pain a four out of ten. The treating physician requested continuation of physical therapy for increasing the injured worker's strength. On 01/15/2015 Utilization Review non-certified the requested treatment of physical therapy to the right shoulder two times a week times three, noting the California Medical Treatment Utilization Schedule Guidelines, Chronic Pain, Physical Medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/wk3 to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic shoulder pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, he had completed more than the recommended number of supervised physical therapy sessions, including the maximum sessions post-operatively. Although it was not clearly described in the notes, that he was benefiting from his physical therapy sessions, at this point 1 year after his surgery, home exercises alone should be sufficient as long as the worker is doing the exercises correctly. There was no suggestion that the worker was not capable of performing these exercises at home to warrant additional supervised physical therapy, therefore, the 6 additional physical therapy sessions to the right shoulder will be considered not medically necessary.