

Case Number:	CM15-0114879		
Date Assigned:	06/26/2015	Date of Injury:	06/12/2014
Decision Date:	07/27/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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:

This 42-year-old man sustained an industrial injury on 6/12/2014. The mechanism of injury is not detailed. Diagnoses include status post right shoulder surgery with post-operative impingement syndrome. Treatment has included oral medications and shoulder steroid injection. However, the worker is not currently taking any pain medication. Physician notes dated 5/13/2015 show complaints of right shoulder pain rated 6/10. Recommendations include additional physical therapy and follow up after QME evaluation.

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: 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 June 2014 and underwent right shoulder arthroscopic surgery in October 2014. Treatments included post-operative physical therapy with reference to completion of 36 sessions. When seen, there was shoulder

tenderness with decreased range of motion and positive impingement testing. There was decreased strength. Additional physical therapy was requested. 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 and would not require 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 well in excess of that recommended. The requested additional physical therapy was not medically necessary.