

Case Number:	CM15-0117552		
Date Assigned:	06/25/2015	Date of Injury:	10/28/2012
Decision Date:	07/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: Maryland

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

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 66-year-old female, who sustained an industrial injury on 10/28/2012. On provider visit dated 05/20/2015 the injured worker has reported right shoulder pain. On examination of the right shoulder revealed tenderness and decreased range of motion. Atrophy of the right deltoid musculature was noted. The diagnoses have included status post right shoulder surgery 12/15/2014. Treatment to date has included surgical intervention, medication, TENS and physical therapy. The provider requested 8 additional sessions of physical therapy, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional sessions of physical therapy, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: 8 additional sessions of physical therapy, right shoulder is not medically necessary per the MTUS Guidelines. The MTUS Post Surgical Guidelines recommend post op therapy for 6 months for shoulder surgeries. The patient is currently out of the post op period. The MTUS Chronic Pain Medical Treatment Guidelines recommend a transition to an independent home exercise program. The documentation indicates that the patient has had prior shoulder PT but it is unclear exactly how many sessions the patient has had and why the patient is not versed in a home exercise program. The request for additional physical therapy is not medically necessary.