

Case Number:	CM15-0119407		
Date Assigned:	06/29/2015	Date of Injury:	04/06/2011
Decision Date:	07/28/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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 is a 62 year old male with an April 6, 2011 date of injury. A progress note dated April 2, 2015 documents subjective complaints (left shoulder doing much better; some pain with shoulder extension; pain and weakness to the right elbow and shoulder; loss of strength of the right hand), objective findings (weakness of the right shoulder with forward flexion and abduction; pain with resistance, tight; positive impingement; tenderness to palpation of biceps and acromioclavicular joint; tenderness to palpation over the lateral right elbow and wrist extensors; decreased strength; decreased right hand grip strength), and current diagnoses (rotator cuff sprain; localized primary osteoarthritis of the shoulder). Treatments to date have included physical therapy, right elbow steroid injection, left shoulder arthroscopy, and imaging studies. The treating physician documented a plan of care that included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99.

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

Decision rationale: The claimant sustained a work injury in April 2011 and underwent an arthroscopic subacromial decompression with labral debridement and right lateral epicondyle injection in January 2015. When requested, he had already completed 28 skilled physical therapy treatments since surgery and was improving. He had decreased range of motion and strength. 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 a home pulley system for range of motion. In this case, the claimant had already had a course of post-operative physical therapy in excess of the guideline recommendation with therapeutic content to have included a home exercise program. The requested additional physical therapy was not medically necessary.