

Case Number:	CM15-0124613		
Date Assigned:	07/09/2015	Date of Injury:	05/22/2014
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 63 year old male who sustained an industrial injury on 5/22/14. The mechanism of injury is unclear. On physical exam of the right shoulder there is a well healed scar and decreased range of motion. Diagnoses include rotator cuff tear and biceps tendinitis, status post right shoulder surgery (1/20/13) with improvement. Treatments to date include physical therapy (per physical therapy progress note dated 5/26/15 session #26, there is progress with strength and function, compliance with home exercise program, still problems with pain, decreased range of motion, decreased functional endurance and strength and decreased ability to work). In the progress note dated 5/6/15 the treating provider's plan of care includes a request for 12 more sessions of physical therapy to increase strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment, 2 visits per week for 6 weeks: 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, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The claimant sustained a work-related injury in May 2014 and continues to be treated for right shoulder pain. He underwent a right rotator cuff repair with subacromial decompression and biceps tenodesis in January 2015. When seen, he was continuing to improve. There was decreased shoulder range of motion without report of pain or decreased strength. An additional 12 physical therapy treated were requested. As of this date, he had already completed 20 therapy sessions. 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 and a home pulley system for strengthening and range of motion. In this case the claimant has already had a course of post-operative physical therapy in excess of that recommended with therapeutic content to have included a home exercise program. The requested additional physical therapy is not medically necessary.