

Case Number:	CM15-0126484		
Date Assigned:	07/13/2015	Date of Injury:	01/17/2012
Decision Date:	08/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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 46 year old male, who sustained an industrial injury on 1/17/12. The initial symptoms experienced by the injured worker were not provided in the documentation he was however; diagnosed as having a right shoulder rotator cuff tear. Treatment to date has included laboratory tests, EKG, MRI, surgery, physical therapy, rest, ice therapy, home exercise program, medication. Currently, the injured worker complains of right shoulder achiness, stiffness and pain as well as decreased strength. The injured worker is diagnosed with cervical degenerative disc disease, post right shoulder rotator cuff repair and revision. His work status is with modifications. In a note dated 6/2/15, the injured worker is experiencing therapeutic efficacy from physical therapy. There is improved range of motion, but with continued deficits in strength. There is stiffness and pain at end ranges of motion noted on exam and decreased strength. A request for continued right shoulder physical therapy 12 sessions (2 times/week for 6 weeks) is sought as the injured worker's profession requires full function of his right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right shoulder: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in January 2012 and underwent right shoulder revision arthroscopic rotator cuff repair surgery in February 2015. He had 24 post-operative physical therapy treatments. When seen, he was making good progress with range of motion. He was having stiffness and pain with decreased strength. Physical examination findings included stiffness and pain with range of motion. There was decreased strength. Impingement testing was negative. 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 an appropriate course of post-operative physical therapy. Home strengthening exercises could include the use of TheraBands. The requested additional physical therapy was not medically necessary.