

Case Number:	CM15-0064312		
Date Assigned:	04/10/2015	Date of Injury:	01/06/2014
Decision Date:	05/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/06/2015

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 62 year old male, who sustained an industrial injury on 1/6/14. He reported bilateral shoulder and back injury. The injured worker was diagnosed as having status post left shoulder arthroscopy with arthroscopic rotator cuff repair, subacromial decompression and distal clavicle resection, right shoulder partial rotator cuff tear and lumbar spine disc protrusions at L3-4 and L4-5. Treatment to date has included left shoulder arthroscopy with arthroscopic rotator cuff repair with subacromial decompression, oral medications, physical therapy. Currently, the injured worker reports left shoulder is doing better; he has some dull, sharp pain 3-4/10. The injured worker is currently taking Nabumetone. Physical exam noted healing portals and slightly decreased range of motion of left shoulder. The treatment plan consisted of continuation of physical therapy and prescription for Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 January 2014 and underwent an arthroscopic rotator cuff repair in December 2014 followed by post-operative physical therapy. As of 01/30/15 13 treatments had been completed. Subsequent visits in January and March request continuation of physical therapy x 12 visits. 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. In this case, the claimant has already had physical therapy. Compliance with a home exercise program would be expected would not required 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 additional therapy being requested does not reflect a fading of treatment frequency and would likely promote dependence on therapy provided treatments. Therefore, the requested additional physical therapy was not medically necessary.