

Case Number:	CM15-0071900		
Date Assigned:	04/22/2015	Date of Injury:	09/30/2013
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/15/2015

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 45 year old male who sustained an industrial injury on 9/30/13 after falling backward and striking his right shoulder. He was diagnosed with right shoulder strain/sprain. He had activity modification, anti-inflammatory medications, physical therapy and cortisone injection. He continues to experience pain in the right shoulder especially with overhead use or lifting with the right arm. His pain level is 8-9/10. No medications were specifically noted. Diagnoses include partial rotator cuff tear, right shoulder, status post arthroscopy of the right shoulder (4/29/14); adhesive capsulitis right shoulder, right shoulder manipulation under anesthesia (10/16/14); internal derangement of the right shoulder. Treatments to date include medications, physical therapy, right shoulder manipulation, home exercise program, cortisone injection and activity modification. Diagnostics include arthrogram of the right shoulder (1/10/15). In the progress note dated 1/14/15 and 3/16/15 the treating provider's plan of care included eight visits of physical therapy for the right shoulder. The progress note indicates that the injured worker is in severe pain and is restricted to no use of right extremity, no lifting more than ten pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 8 visits, Right Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The claimant sustained a work injury in September 2013 with injury to the right shoulder. He underwent arthroscopy with a subacromial decompression and labral debridement in April 2014 and developed adhesive capsulitis requiring manipulation under anesthesia which was done in October 2014. He was having good physical therapy. When seen in March 2015, he was having constant pain rated at 8-9/10. He had decreased range of motion and tenderness. He was attempting to perform a home exercise program. An additional eight physical therapy treatment sessions was requested. Physical therapy after the claimant's most recent surgery could include up to 24 therapy sessions over 10 weeks with a postsurgical treatment period of six months. In this case, the surgery was done less than 6 months ago and the claimant has completed all six approved treatments and is having difficulty performing a home exercise program. The number of additional therapy sessions being requested is within the recommended guidelines and would be expected to result in an independent home exercise program which would not require continued skilled physical therapy oversight. A home exercise program could include use of TheraBands and a home pulley system for ongoing strengthening and range of motion. Therefore, the requested additional physical therapy is medically necessary.