

Case Number:	CM15-0071931		
Date Assigned:	04/22/2015	Date of Injury:	07/16/2008
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
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 65 year old female, who sustained an industrial injury on 7/16/08. The injured worker was diagnosed as having degenerative joint disease of left shoulder, sprain of shoulder joint and upper arm. Treatment to date has included reverse total shoulder, physical therapy, oral medications and activity restrictions. Currently, the injured worker complains of difficulty get any strength to arm, persistent numbness and unable to do activities of daily living. Physical exam noted improved range of motion of right shoulder and pain in distal humerus with forward flexion. A request for authorization was submitted for further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 To Left Shoulder and Upper Arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in July 2008. She underwent a left shoulder replacement on 11/05/14. As of 03/10/15 she had completed 22 postoperative therapy sessions. When seen, she was doing quite well and making excellent progress with range of motion and her pain was under control. She was continued out of work. Authorization for an additional eight therapy sessions was requested. Guidelines recommend up to 24 physical therapy treatments over 10 weeks with a postsurgical treatment period of six months following the claimant surgery. In this case, the number of additional visits being requested is in excess of the guideline recommendation. Additionally, the claimant has already had physical therapy and compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. 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. Providing the requested number of additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.