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| Case Number: | CM15-0087330 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 06/12/2014 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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 54 year old female, who sustained an industrial injury on 6-12-2014. The injured worker was diagnosed adhesive capsulitis of shoulder, unspecified derangement of shoulder joint, shoulder-upper arm strain, and complex regional pain syndrome. The request for authorization is for: physical therapy 2 times a week for 6 weeks for the right shoulder, total of 12 visits. The UR dated 4-23-2015: modified certification of physical therapy 2 times a week for 3 weeks for the right shoulder, total of 6 visits. On 4-8-2015, she reported continued right shoulder pain. She indicated Gabapentin was improving her symptoms. Physical examination revealed tenderness and decreased right shoulder range of motion. She is reported to have completed several sessions of physical therapy. She is on modified duty work status. On 4-14-2015, she reported having difficulty with regular work duty. She reported right shoulder pain with radiation into the right arm and associated numbness and tingling. She is reported to be progressing in symptoms and performing activities of daily living with the use of pain medications. Physical examination revealed painful range of motion. The treatment and diagnostic testing to date has included: right shoulder rotator cuff repair (11-3-2014), completed several physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in June 2014 and underwent an arthroscopic right rotator cuff repair with subacromial decompression and biceps tenodesis and synovectomy in November 2014 and is being treated for adhesive capsulitis and diagnoses also include episodes of CRPS. In February 2015, additional physical therapy was requested, as there had been marked improvement with treatments. As of 02/02/15, she had attended 22 post-operative therapy sessions. When seen, there was diffuse shoulder, forearm, and hand tenderness. There was decreased shoulder range of motion with flexion of 130 degrees and external rotation at 40 degrees. The injured worker was released to restricted work. An additional 12 physical therapy treatments are being requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can 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. The number of additional visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program. The request is not medically necessary.