

Case Number:	CM15-0090337		
Date Assigned:	05/14/2015	Date of Injury:	05/04/2013
Decision Date:	06/23/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

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 41 year old male with an industrial injury dated 5/04/2013. The injured worker's diagnoses include right shoulder post-operative on 10/29/2014, cervical spine of disc bulges, thoracic spine sprain/strain, lumbar spine disc bulges, right wrist effusion, bilateral carpal tunnel syndrome, right elbow cubital tunnel syndrome and right knee sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/18/2015, the injured worker reported improving right shoulder pain, neck pain, right wrist pain, lower back pain, right knee pain, and mid back pain. The injured worker also reported stomach discomfort. Objective findings revealed tenderness to palpitation of the right shoulder, healed surgical scars and improved range of motion. The treating physician reported that the injured worker underwent arthroscopic right shoulder decompression, distal clavicle resection and labral debridement on 10/29/2014. The treating physician prescribed services for post-operative physiotherapy and therapeutic exercises for the right shoulder 2 times a week for 6 weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physiotherapy and therapeutic exercises for the right shoulder 2 times a week for 6 weeks: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of 18 prior PT sessions with documented improvement. However, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.