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| Case Number: | CM15-0092507 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 05/19/2014 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 44-year-old male who sustained an industrial injury on 5/19/14 when a slab of granite fell on him injuring his right shoulder. He had oral anti-inflammatory medications, corticosteroid injection and a course of physical therapy without improvement in symptoms. MRI demonstrated a superior labrum anterior on posterior lesion and positive findings of impingement. He currently complains of discomfort in the shoulder after placing his arm in the pushup position and difficulty with overhead activities. On physical exam, there was decreased range of motion of the right shoulder. Medication is hydrocodone which offers relief. Diagnoses include right shoulder impingement; rotator cuff tendinitis; possible superior labrum anterior on posterior lesion, status post right shoulder arthroscopy with extensive intraarticular debridement, subacromial decompression, and open subpectoral biceps tendesis on 11/25/14. Treatments to date include physical therapy, which is helpful, and pain medication. In the progress note, dated 4/13/15 the treating provider's plan of care includes continuing with current rehabilitation program with additional physical therapy. The provider notes that the patient has significantly improved range of motion in the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week, right shoulder Qty: 12 (per 4/13/15 order): Upheld

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

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

Decision rationale: Physical Therapy 2 x per week, right shoulder Qty: 12 (per 4/13/15 order) is not medically necessary per the MTUS Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had extensive therapy for this condition. The patient should be competent in a home exercise program. The documentation indicates that as of 4/14/15 the patient has had 32 physical therapy visits. The documentation does not indicate evidence that the patient requires 12 more supervised visits. The request for 12 more physical therapy visits is not medically necessary.