

Case Number:	CM15-0097879		
Date Assigned:	05/29/2015	Date of Injury:	08/11/2010
Decision Date:	06/29/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/21/2015

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 62 year old female who reported an industrial injury on 8/11/2010. Her diagnoses, and/or impressions, are noted to include: adhesive capsulitis and calcification tendinitis with right shoulder pain, and status-post rotator cuff debridement on 3/11/2015. No current imaging studies are noted. Her treatments have included 6 sessions of post-operative physical therapy (effective); medication management; and rest from work. The progress notes of 4/15/2015 reported an occasional increase in pain from mild-moderate, to moderate for which she takes Tylenol for added relief. The objective findings were noted to include some decreased range-of-motion. The physician's requests for treatments were noted to include continued physical therapy for the right shoulder, status-post debridement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99, Postsurgical Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in August 2010 and underwent arthroscopic right shoulder labral debridement with distal clavicle resection and debridement for calcific tendinitis. When seen, she had completed six postoperative therapy sessions. She had decreased range of motion. There was good strength. Authorization for additional physical therapy was requested. Six sessions (2 times per week for six sessions) was requested but interpreted in error as 12 sessions (2 times per week for 6 weeks. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks, although goals can usually be achieved with fewer visits than the maximum recommended. Compliance with a home exercise program would be expected. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands for strengthening and self-applied modalities such as heat and ice. In this case the claimant has already had a course of post-operative physical therapy with good results. The number of visits being requested is unclear. The requested additional physical therapy cannot be considered as medically necessary.