

Case Number:	CM15-0098855		
Date Assigned:	06/01/2015	Date of Injury:	02/20/2013
Decision Date:	07/02/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 38 year old male who sustained an industrial injury on 02/20/2013. Current diagnoses include internal derangement-right shoulder, probable tear biceps tendon-right shoulder, partial tear pectoralis muscle-right shoulder, tendinitis-right shoulder, and status post right shoulder surgery on 03/20/2014. Previous treatments included medication management, right shoulder surgery, physical therapy, and home exercises. Previous diagnostic studies include a MRI of the right shoulder dated 10/08/2013. Report dated 05/13/2015 noted that the injured worker presented with complaints that included right shoulder pain and weakness. Pain level was 4 out of 10 on a visual analog scale (VAS). Physical examination revealed right shoulder abduction is 165 degrees, and pain against abduction resistance, right pectoralis. The treatment plan included discussed treatment options, request for physical therapy, continue exercises, continue Tramadol, naproxen sodium, and omeprazole, and follow up in 4-5 weeks. Documentation supports that the injured worker has completed 24 visits of physical therapy. Disputed treatments include 8 sessions of physical therapy for 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 x 8 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for physical therapy for the right shoulder is not medically necessary. The patient had right shoulder arthroscopy. As per MTUS guidelines, postsurgical treatment involves 24 visits over 10 weeks with a treatment period of 6 months. The patient already 48 sessions, which already exceeds the maximum recommended sessions. An additional 8 sessions that are being requested which would further exceed the recommended 24 visits. The patient should be able to perform a home exercise program at this time. Therefore, the request is considered not medically necessary.