

Case Number:	CM15-0028838		
Date Assigned:	02/20/2015	Date of Injury:	08/11/2010
Decision Date:	10/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/16/2015

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 63 year old female with an industrial injury dated 08-11-2010. The medical records indicate she was status post right shoulder surgery (03-11-2014). She was being treated for pain in joint-shoulder region, adhesive capsulitis of shoulder and calcifying tendinitis of shoulder. The most current record available (dated 10-01-2014) documents the injured worker has had 33 visits in therapy. The provider documents "She is getting better." "She elevates to about 130 degrees, abducts to 70, externally rotates to 60 and internally rotates to her lumbosacral junction." Prior treatment included 33 visits of therapy and medications. Work status is documented as temporary total disability (TTD).The request for authorization dated 10-07-2014 is for physical therapy 2 x a week for 6 weeks for the right shoulder. On 02-06-2015 the request for physical therapy 2 x a week for 6 weeks for the right shoulder was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week for 6 weeks 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 August 2010 and is being treated for right shoulder pain. She underwent arthroscopic right shoulder surgery on 03/11/14 with a distal clavicle resection, labral debridement, and biceps tenotomy fenestration of calcific tendinitis. When seen, she had completed 33 post-operative physical therapy treatments including instruction in a home exercise program. Physical examination findings included minimally decreased shoulder range of motion. Norco and Percocet were prescribed and more therapy was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant has already had post-operative physical therapy. 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 finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.