

Case Number:	CM13-0063528		
Date Assigned:	12/30/2013	Date of Injury:	09/11/2008
Decision Date:	03/10/2015	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/06/2013

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female patient, who sustained an industrial injury on 09/11/2008. An orthopedic visit dated 04/24/2013 reported she was last seen 02/27 and had not received any additional physical therapy. she is complaining of having pain that seems to travel from the arms up into the shoulder area; even throught the neck. She rerpoted that physical therapy seemed to help along with the use of Biofreeze. she is currently prescribed Nocro 5/325 MG, Gabapentin, Flexiril and Biofrezze gel. Physical examination found tenderness on the lateral and anterior aspects of the bilateral shoulders. Bilateral shoulder forward flexion is approx 100 degrees with abdduction at 100 degrees bilaterally. She is diagnosed with left greater than right shoulder pain; status post operative flexion twice on the left and low back pain. A physician visit dated 07/16/2013 gave diagnoses of right rotator cuff impingement and acromioclavicular joint arthritis. On 07/31/2013 utilization Review non-certified the requeust for post-operative physical therpay twice weekly for 6 weeks treating right shoulder. The injured worker submitted an application for IMR for review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS FOR THE RIGHT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The Post-surgical Treatment Guidelines for the shoulder are noted below for specific conditions. For arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. Postsurgical physical medicine treatment period: 6 months. For rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. For sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. In this case the injured worker has had arthroscopic surgery with acromioplasty, Mumford procedure, and debridement of a rotator cuff and labral tear. She remains within the postsurgical physical medicine treatment period. I am reversing the prior UR decision. The request for Postoperative physical therapy, 2 times per week for 6 weeks for the right shoulder is medically necessary.