

Case Number:	CM15-0105274		
Date Assigned:	06/09/2015	Date of Injury:	04/24/2013
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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

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 female who sustained an industrial injury on 4/24/13. She exhibited chronic neck and low back pain radiating to bilateral upper and lower extremities with numbness and weakness. She also had limitation of range of motion of her right shoulder with positive Pahlen's sign due to rotator cuff tear. She had a repair done on 4/10/15. Diagnoses include shoulder impingement; wrist/tendonitis/ bursitis; shoulder rotator cuff tear, status post right shoulder diagnostic arthroscopy (4/10/15); lumbosacral radiculopathy; cervical radiculopathy. In the progress note, dated 3/26/15 the treating provider's plan of care included a request for postoperative physical therapy to the right shoulder 18 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 6Wks for the right shoulder, QTY: 18: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 27.

Decision rationale: The patient presents with persistent right shoulder pain. The current request is for physical therapy three times per week x 6 weeks for the right shoulder, QTY: 18. The CA MTUS guidelines do allow 24 visits over 14 weeks with a post-surgical treatment period of six months. In this case, the attending physician report dated 5-27-15 indicates that the patient underwent right shoulder arthroscopy on 4/10/15. The patient has not received any physical therapy post-operatively. The current request is supported by the MTUS post-surgical guidelines as the patient has documented decreased ranges of motion and continued pain. The available medical records do establish medical necessity per MTUS postsurgical guidelines. The current request is medically necessary.