

Case Number:	CM15-0107717		
Date Assigned:	06/12/2015	Date of Injury:	04/03/2014
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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:

This 45 year old female sustained an industrial injury to the left shoulder on 4/3/14. The injured worker underwent rotator cuff repair on 1/27/15. The injured worker received 6 postoperative physical therapy sessions. In a PR-2 dated 4/30/15, the injured worker complained of continuing pain and tightness to the left shoulder. The injured worker was requesting stronger pain medications to cope with physical therapy. The injured worker had not returned to work yet. Physical exam was remarkable for left shoulder with decreased range of motion, positive Hawkin's, Neer's and Jobe's test. Current diagnoses included left arthroscopic rotator cuff repair. The physician noted that the injured worker needed to increase strength and range of motion. The treatment plan included medications (Naproxen Sodium and Prilosec), a prescription for Norco, returning to work on modified duty and requesting eight more visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 2 times a week for 4 weeks left 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): 27.

Decision rationale: The claimant sustained a work injury in April 2014 underwent an arthroscopic left rotator cuff repair in January 2015 followed by six postoperative physical therapy treatments. When seen, she had made progress but was having frequent setbacks and left shoulder aching with difficulty sleeping. Physical examination findings included poor posture and posterior shoulder tenderness. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the number of additional treatments being requested is well within the guideline recommendation. The claimant has not returned to unrestricted work. The request was medically necessary.