

Case Number:	CM15-0013196		
Date Assigned:	01/30/2015	Date of Injury:	12/19/2011
Decision Date:	04/02/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/22/2015

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: Arizona, California
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 (IW) is a 57 year old female who sustained an industrial injury on 12/19/2011. She has reported pain in the right shoulder. Diagnoses include comminuted proximal humerus fracture and an associated rotator cuff tear. The IW suffered a strain of the shoulder just prior to a 05/21/2014 appointment. Treatment to date includes a hemiarthroplasty 12/19/___ (year is obscured on the July 24, 2013 physician note). In 7/9/14, the physician had requested 12 sessions of therapy. Progress notes from therapy are not provided. A progress note from the treating provider dated 11/19/2014 indicates the IW is post hemiarthroplasty and outpatient physical therapy 12 visits were ordered 11/19/2014 from the [REDACTED]. A request for authorization was submitted on 12/16/2014. On 12/23/2014 Utilization Review non-certified a request for Physical therapy evaluation x 1, and non-certified a request for Physical therapy x 12 visits for the right shoulder. The MTUS, ACOEM Guidelines were cited for each request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits for the right shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Chapter 4.5 Subchapter 1 Article 5.5.2. Decision based on Non-MTUS Citation ODG/ Shoulder pain and physical therapy- pg 27.

Decision rationale: According to the guidelines ,post-surgical therapy for a fractured humerus is recommended for up to 24 visits over 14 weeks, post-operatively. In this case, the claimant underwent an unknown amount of therapy after shoulder surgery without progress notes from the therapist. In addition, the surgery was over 2 years ago. The request for 12 additional shoulder physical therapy visits is not medically necessary.

Physical therapy evaluation x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Chapter 4.5 Subchapter 1 Article 5.5.2. Decision based on Non-MTUS Citation ODG/ Shoulder pain and physical therapy- pg 27.

Decision rationale: According to the guidelines ,post-surgical therapy for a fractured humerus is recommended for up to 24 visits over 14 weeks, post-operatively. In this case, the claimant underwent an unknown amount of therapy after shoulder surgery without progress notes from the therapist. In addition, the surgery was over 2 years ago. The request for a physical therapy evaluation is not medically necessary.