

Case Number:	CM15-0131170		
Date Assigned:	07/17/2015	Date of Injury:	04/02/2010
Decision Date:	08/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/07/2015

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 64 year old female, who sustained an industrial injury on 4/02/2010, from repetitive tasks. The injured worker was diagnosed as having status post right shoulder arthroscopy with extensive debridement, synovectomy, coracoacromial ligament release, and subacromial decompression with acromioplasty. Treatment to date has included diagnostics, left carpal tunnel release, right carpal tunnel release in 2010 and 2013, right ulnar nerve decompression in 2012, physical therapy, right shoulder surgery on 5/22/2015, and medications. Currently, the injured worker complains of a painful right shoulder. She completed 4 of 12 physical therapy treatments. Exam noted decreased range of motion, motor 3+/5, and tenderness to palpation. The treatment plan included additional continued post-operative physical therapy for the right shoulder x12, to total 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post- operative physical therapy right shoulder Qty:12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy (labral repair/SLAP lesion).

Decision rationale: The claimant sustained a work injury in April 2010 and underwent an arthroscopic right rotator cuff decompression and labral repair on 05/22/15. When seen, she had completed for physical therapy treatment sessions. She was having less pain and her range of motion had improved. There was decreased range of motion with tenderness and decreased strength at 3+/5. Additional physical therapy was requested for a total of 24 treatments sessions. 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 treatments being requested remains within the guideline recommendation. The claimant underwent extensive debridement and has significant shoulder weakness. The request can be considered as medically necessary.