

Case Number:	CM15-0131921		
Date Assigned:	07/20/2015	Date of Injury:	06/20/2014
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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 56 year old female who sustained an industrial injury on 6-20-14. Diagnoses are other specified disorders of joint shoulder region and aftercare following surgery for injury. A 3-5-15 operative report notes a post-operative diagnosis of rotator cuff tear, impingement syndrome, distal clavicle arthrosis and glenoid labral tear - right shoulder. In a progress note dated 5-18-15, the physician reports work status is that she is off work until 6-15-15. The requested treatment is physical therapy 3 times a week for 4 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The claimant sustained a work-related injury in June 2014 and continues to be treated for right shoulder pain with a diagnosis of a rotator cuff tear and rotator cuff impingement and underwent arthroscopic surgery on 03/05/15. She had physical therapy before

and after surgery with approximately 12 post-operative treatments. When seen, she was improving with therapy. She was still having pain with overhead activities and heavy lifting. She was having less pain. There was decreased shoulder range of motion and strength and mild tenderness. Additional physical therapy was requested. 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 post- operative treatments being requested is within the guideline recommendation. The claimant has ongoing decreased range of motion and strength and has not returned to work. She is a janitor and would have at least a medium job requirement. The additional physical therapy is medically necessary.