

Case Number:	CM15-0137291		
Date Assigned:	07/27/2015	Date of Injury:	11/04/2013
Decision Date:	08/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 59 year old female sustained an industrial injury on 11/04/13. She subsequently reported neck and shoulder pain. Diagnoses include right shoulder impingement and AC joint arthrosis. Treatments to date include MRI and x-ray testing, injections, shoulder surgery, physical therapy, modified work duty and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, it was noted that the wounds were clean and dry without erythema or drainage. Range of motion was decreased and neurovascular was intact. A request for Post-op physical therapy #3 two times six for the right shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy #3 two times six for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18.

Decision rationale: MTUS 2009 recommends up to 24 sessions of PT postoperatively. Review of the PT progress notes shows the patient continues with anterior shoulder discomfort, has difficulty with reaching and has not achieved full duty work capacity as of yet. She has progressed well in PT and is able to perform her HEP. The additional PT does not adhere to MTUS 2009 but clinical and functional goals remain for which additional PT is appropriate. This request for an additional 12 sessions of PT is medically necessary.