

Case Number:	CM15-0139241		
Date Assigned:	07/29/2015	Date of Injury:	10/29/2012
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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: 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 is a 64 year old male, who sustained an industrial injury on 10/29/2012. Diagnoses include right shoulder sprain/strain, tendinitis/impingement syndrome, right shoulder rotator cuff tear and tear of the long head of the biceps right arm. Treatment to date has included diagnostics, acupuncture, chiropractic care, corticosteroid injections and physical therapy. Per the handwritten Primary Treating Physician's Progress Report dated 6/19/2015, the injured worker reported pain to his right shoulder and right upper extremity. Physical examination revealed decreased sensation and strength with decreased range of motion and tenderness. The plan of care included surgical intervention and authorization was requested for 24 sessions of postoperative physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of post-operative physical therapy for the right shoulder: Upheld

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 medical records note that the injured worker has been authorized to undergo shoulder surgical intervention. Per the MTUS post surgical treatment guidelines, 24 sessions of post operative physical therapy treatments are recommended for rotator cuff syndrome/Impingement, rotator cuff repair and acromioplasty. The MTUS guidelines also recommend an initial half of the recommended amount. The medical records note that Utilization Review has modified to allow 12 sessions of physical therapy post operatively. It would be reasonable to access the results of the initial post operative physical therapy treatments prior to proceeding with additional sessions. The request for 24 sessions of post-operative physical therapy for the right shoulder is therefore not medically necessary and appropriate.