

Case Number:	CM15-0147391		
Date Assigned:	08/10/2015	Date of Injury:	12/19/2005
Decision Date:	09/11/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/29/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury on December 19, 2005. The injured worker was diagnosed as having joint pain of shoulder. Treatment to date has included surgery, physical therapy and medication. A progress note dated June 29, 2015 provides the injured worker complains of right shoulder pain post-operatively. Physical exam notes decreased range of motion (ROM). It is noted surgery was 5 weeks ago and it is felt the injured worker still acute. The plan includes additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) continued post-op physical therapy sessions for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 26-27.

Decision rationale: The patient presents with right shoulder pain. The current request is for 12-post operative physical therapy session for the right shoulder. Patient was previously approved for 12-post operative physical therapy session for the right shoulder on 1/27/15. Patient is status

post arthroscopy, debridement of labrum, subacromial decompression, subcoracoid decompression and distal clavicle excision, 5/26/15. The treating physician states on 6/29/15 (30B) "I have told him he is only five weeks out. He is still a baby when it comes to the surgery. He is still acute. I want him to continue icing, continue physical therapy." MTUS Post Surgical Treatment Guidelines state, "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months." In this case, the patient was previously approved for 12 post-operative physical therapy sessions. The total number of completed PT sessions was not documented by the treating physician, however, the utilization review report and PT daily notes document that the patient has received 9 post-surgical PT sessions. The MTUS PSTG allows for up to 24 visits and the treating physician has requested an additional 12 visits. There is documented improvement in the right shoulder ranges of motion and the treating physician has recommended care that falls within the MTUS PSTG. The current request is medically necessary.