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| Case Number: | CM15-0166363 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 08/21/2013 |
| Decision Date: | 10/09/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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:

The injured worker is a 60 year old male, who sustained an industrial injury on 8-21-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder arthroscopy on July 17, 2015 to treat right shoulder impingement. There is no record of a post-operative diagnostic study. Treatment to date has included surgery and medication management. In a progress note dated 7-24-2015, the injured worker complains of post-operative right shoulder issues. Physical examination showed a clean and dry surgical incision with no redness or drainage. The treating physician is requesting Physical therapy 2 times a week for 12 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 2 times a week for 12 weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: MTUS 2009 recommends up to 24 sessions of PT post-operatively for surgery to treat impingement. Based upon the medical records, this appears to be the only request for PT post operatively. The prior reviewer approved 24 sessions which adheres to MTUS 2009. This request for 24 sessions of post operative PT is medically necessary.