

Case Number:	CM15-0169246		
Date Assigned:	09/10/2015	Date of Injury:	04/11/2014
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, 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 is a 37-year-old male with a date of injury of April 11, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for a right shoulder sprain and strain and internal derangement of the shoulder. Medical records (August 4, 2015) indicate that the injured worker complains of moderate postoperative right shoulder pain rated at a level of 5 out of 10 with associated stiffness and soreness. Records also indicate that the injured worker experiences spasms of the right biceps. A progress note dated May 29, 2015 notes subjective complaints of right shoulder pain rated at a level of 6 out of 10 with associated tightness and soreness, with approximately 30% improvement since surgery. The physical exam (August 4, 2015) revealed improved range of motion in the right shoulder (forward flexion 160 degrees, extension of 40 degrees, abduction of 150 degrees, adduction of 40 degrees, internal rotation of 50 degrees, external rotation of 65 degrees), negative orthopedic testing, and weakness in the right internal and external shoulder rotators. Objective findings on May 29, 2015 included decreased range of motion of the right shoulder (forward flexion of 140 degrees, extension of 35 degrees, abduction of 130 degrees, adduction of 35 degrees, internal rotation of 65 degrees, external rotation of 60 degrees), positive impingement sign, Neer's sign, Hawkins sign and Labral sign on the right, and slight weakness over the right deltoid and internal-external shoulder rotators. Treatment has included right shoulder arthroscopy with subacromial decompression and distal clavicle resection on April 13, 2015, and postoperative physical therapy. The original utilization review (August 21, 2015) non-certified a request for eight sessions of 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:

8 Physical therapy sessions: right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on April 11, 2014 . The medical records provided indicate the diagnosis of right shoulder sprain and strain and internal derangement of the shoulder. Treatments have included right shoulder arthroscopy with subacromial decompression and distal clavicle resection on April 13, 2015, and postoperative physical therapy. The medical records provided for review do not indicate a medical necessity for 8 Physical therapy sessions: right shoulder. The medical records indicate the injured worker had arthroscopic surgery of the right shoulder on 04/13/2015; he has been approved for a total of 30 physical therapy visits, therapy was started on 04/29/15. As at the date of this request, he had completed 22 sessions, and 8 visits were outstanding. The MTUS recommends a postsurgical treatment visit of 24 visits over 14 weeks within a postsurgical physical medicine treatment period of 6 months for arthroscopic repair of rotator cuff syndrome/Impingement syndrome, and for Sprained shoulder; rotator cuff. Although the MTUS recommends that physical medicine treatment may be continued up to the end of the postsurgical physical medicine period if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, the records indicate the injured worker still has outstanding visits. Therefore, it is not medically necessary to recommend for additional visits without knowing the outcome of the approved visits.