

Case Number:	CM15-0195849		
Date Assigned:	10/09/2015	Date of Injury:	05/27/2014
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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

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 was a 33 year old male, who sustained an industrial injury, May 27, 2014. The injured worker was undergoing treatment for right shoulder arthroscopic with labral repair on August 16, 2014, repeat arthroscopic surgery on July 23, 2015 with subacromial decompression and capsular release and left shoulder impingement syndrome. According to the progress note of May 5, 2015, the injured worker range of motion was flexion 100 out of 180, abduction of 100 out of 180, internal rotation of 50 out of 90 and external rotation of 50 out of 90, extension and adduction were normal. The injured worker underwent arthroscopic right shoulder surgery on July 23, 2015. According to progress note of September 8, 2015, the injured worker's chief complaint was right shoulder pain. The pain was rated severe at 8 out of 10. The injured worker was complaining of worsening left shoulder pain. The injured worker was having trouble with activities of daily living. The physical exam noted anatomical alignment of the right shoulder. There was decreased range of motion with flex 100 out of 180, abduction of 100 out of 180 internal rotation of 50 out of 90 and external rotation of 50 out of 90. The extension and adduction was normal. There was pain with range of motion. There was no glenohumeral instability. The stress test of the anterior and posterior capsular structures of the shoulder showed no evidence of shoulder instability. The motor strength was normal in all planes of the right upper extremity. The injured worker previously received the following treatments Norco, 12 physical therapy sessions for the right shoulder with decreased pain after treatment, right shoulder arthroscopy July 23, 2015. The RFA (request for authorization) dated September 8, 2015; the following treatments were requested 12 additional visits for therapy for the right shoulder 3 times a week for 4 weeks focusing on aggressive stretching and strengthening. The UR (utilization review board) denied certification on September 23, 2015; for the 12 additional visits for therapy for the right shoulder 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 Visits of Therapy Right Shoulder 3x4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: Review indicates the patient is s/p right shoulder arthroscopy with SAD and capsular release on 7/23/15 with 12 post-op PT visits certified on 8/25/15. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for shoulder arthroplasty with postsurgical physical medicine treatment period of 6 months. Submitted reports have noted the patient progressing with improved range of motion and intact motor strength without evidence of shoulder instability to support for additional therapy beyond guidelines criteria. Submitted reports have adequately demonstrated the indication to support for additional physical therapy within the guidelines criteria. The additional 12 visits of therapy right shoulder 3x4 is medically necessary and appropriate.