

Case Number:	CM15-0198552		
Date Assigned:	10/13/2015	Date of Injury:	09/30/2013
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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 is a 52 year old female, who sustained an industrial injury on 9-30-13. The injured worker is diagnosed with a rotator cuff strain, post right shoulder arthroscopy and repair and right upper extremity radiculopathy. Her work status is temporary total disability. Notes dated 5-27-15 - 9-16-15 reveals the injured worker presented with complaints of right arm weakness and loss of grip strength rated at 3-4 out of 10. Physical examinations dated 5-27-15 - 9-16-15 revealed healed surgical portholes and range of motion continues to improve. Treatment to date has included right shoulder surgery. A physical therapy note dated 9-14-15 states the injured worker is "tolerating treatments and has met 90% of her goals with the greatest remaining deficit in pure glenohumeral joint abduction that responds well while working on right lateral cervical soft tissue followed by overhead reaching activities". Diagnostic studies to date have included urine toxicology screen, x-rays and electrodiagnostic studies (2015). A request for authorization dated 7-29-15 for additional physical therapy for the right shoulder is denied, per Utilization Review letter dated 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Right Shoulder: Upheld

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

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

Decision rationale: The current request is for additional physical therapy right shoulder. The RFA is from 07/29/15. Treatment history include right shoulder arthroscopy and repair (03/25/15), heat/ice application, acupuncture, physical therapy and medications. The patient's work status is temporary total disability. MTUS Post-Surgical Guidelines Shoulder Arthroscopy, Shoulder, pages 26-27 allow for 24 visits over 14 weeks for a rotator cuff syndrome/ Impingement syndrome. The post-surgical time frame is 6 months. Per report 07/29/15, the patient is status post right shoulder surgery on 03/25/15 and presents with continued pain and weakness. The pain was rated as 5/10. Physical examination revealed instability, weakness and pain with repetitive activities. The patient has completed 48 post-operative PT sessions following the 03/25/15 arthroscopy. In this case, the patient presents residual pain and weakness, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the request for additional therapy. Furthermore, the treater has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested additional physical therapy IS NOT medically necessary.