

Case Number:	CM15-0199017		
Date Assigned:	10/14/2015	Date of Injury:	12/05/2012
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
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 57 year old male, who sustained an industrial injury on 12-5-2012. The medical records indicate that the injured worker is undergoing treatment for type III acromion impingement of the right shoulder, severe degenerative joint disease in the right shoulder, prominent glenohumeral effusion in the right shoulder, and status post right shoulder arthroscopy (6-11-2015). According to the progress report dated 8-3-2015, the injured worker presented with complaints of right shoulder pain. He notes discomfort with range of motion as well as numbness and tingling to the distal right phalanx with grasping. The physical examination reveals better range of motion. The current medications are not specified. Previous diagnostic studies include MRI of the right shoulder. Treatments to date include medication management, post-op physical therapy, cortisone injection, and surgical intervention. Work status is described as off work. The original utilization review (9-14-2015) had non-certified a request for 6 additional physical therapy sessions to 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 3 weeks for the right shoulder: Overturned

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: Review indicates the patient is s/p right shoulder arthroscopy on 6/11/15 with at least 8 post-op PT completed, now with request for an additional 6 visits. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. Although there are no updated reports from PT or clear measurable evidence of progress with the PT treatment already rendered including milestones of increased strength, and functional capacity, it is now 5 months past, within the duration of rehab period. There is also some exam findings of better range and an additional 6 post-op PT visits is medically indicated and appropriate for recovery as part of the functional restoration process. Upon evidence of progress, utilization can review for further need of PT with documented functional baseline with clear goals to be reached and the patient striving to reach those goals. The Physical therapy 2 times a week for 3 weeks for the right shoulder is medically necessary and appropriate.