

Case Number:	CM15-0203818		
Date Assigned:	10/20/2015	Date of Injury:	01/22/2013
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 56 year old male, who sustained an industrial injury on 01-22-2013. The injured worker was diagnosed as having right shoulder AC joint arthrosis, degenerative SLAP tear and cysts. On medical records dated 06-26-2015, 07-22-2015 and 09-16-2015, the subjective complaints were noted as having bilateral shoulder and hand pain. Pain was associated the numbness, tingling and weakness in the hands and numbness in legs. Pain was noted as constant. Objective findings were noted as bilateral shoulders revealing tenderness to palpation, and a positive Hawkins and Yergason's test on the right was noted. Treatments to date included medication and surgical intervention. The provider recommends right shoulder surgical intervention. The injured worker was noted to be temporarily totally disabled. Current medications were listed as Motrin, Naproxen, and Omeprazole. The Utilization Review (UR) was dated 10-08-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for 12 post-operative physical therapy sessions, 2 times a week, for the right shoulder was non-certified. A right shoulder surgery was scheduled for 8/31/15. (right shoulder arthroscopic distal clavicle resection and SLAP debridement).A document dated 9/11/15 states that the patient is doing well and had 3/12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy sessions, 2 times a week, for the right shoulder: Upheld

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: 12 post-operative physical therapy sessions, 2 times a week, for the right shoulder is not medically necessary per the Postsurgical Treatment Guidelines. The MTUS Postsurgical guidelines reveal that the patient is within the 6 month postsurgical period for this right shoulder surgery. The guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The documentation is not clear how much postoperative therapy was certified or how many sessions of right shoulder therapy postoperatively the patient has had and the outcome of this therapy. Without clarification of this information additional therapy cannot be certified as medically necessary.