

Case Number:	CM15-0023055		
Date Assigned:	02/12/2015	Date of Injury:	01/07/2014
Decision Date:	03/27/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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:

The injured worker is a 52 year old male who sustained an industrial injury on 1/7/14. The injured worker reported symptoms in the right shoulder and right arm. The diagnoses included other specified disorders of bursae and tendons in shoulder region and pain in joint, shoulder region. Treatments to date include status post right shoulder arthroscopy on 9/2/14, physical therapy, ice/heat application and oral pain medications. In a progress note dated 12/3/14 the treating provider reports the injured worker was with right shoulder "soreness" and noted "can not add pressure to shoulder pain level is a 7." On 1/29/15 Utilization Review modified the request for additional post-op physical therapy, quantity of 12 to additional post-op physical therapy, quantity of 4. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-op physical therapy # 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested Additional Post-op physical therapy # 12 is not medically necessary. CA MTUS Post-Surgical Treatment Guidelines, Shoulder, Rotator Cuff syndrome/Impingement syndrome, pages 26-27 recommend up to 24 post-op physical therapy sessions for this condition. The injured worker has pain to the right shoulder and right arm. The treating physician has documented a right shoulder arthroscopy on 9/2/14 and noted "can not add pressure to shoulder pain level is a 7." The injured worker has completed 24 post-op physical therapy sessions. The treating physician has not documented the medical necessity for additional physical therapy for the right shoulder beyond referenced guideline recommendations to accomplish a transition to an independent dynamic home exercise program. The criteria noted above not having been met, additional post-op physical therapy # 12 is not medically necessary.