

Case Number:	CM15-0027780		
Date Assigned:	02/20/2015	Date of Injury:	07/26/2010
Decision Date:	04/14/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 63-year-old male, who sustained an industrial injury on July 26, 2010. The diagnoses have included left shoulder impingement, left shoulder acromioclavicular joint arthrosis, left shoulder labral tear and left shoulder osteoarthritis. An operations report dated October 30, 2014 notes left shoulder decompression and debridement without complications. No follow up records were submitted for review. On January 21, 2015, utilization review non-certified a request for physical therapy to left shoulder; two times per week for six weeks (2x6). The Medical Treatment Utilization Schedule (MTUS) chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Left Shoulder; Two Times per Week for Six Weeks (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The patient is diagnosed with rotator cuff syndrome/impingement syndrome and underwent arthroscopic shoulder decompression with debridement on 10/30/14. The MTUS post-surgical treatment guidelines allow for 24 visits over 14 weeks with a treatment period of 6 months for this procedure. The documentation submitted notes that 24 PT sessions have been approved but the documentation does not show if the IW has actually participated in these sessions or if they were beneficial. The medical necessity has not been made for 12 sessions of PT according to the documentation submitted.