

Case Number:	CM15-0217535		
Date Assigned:	11/09/2015	Date of Injury:	03/06/2015
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 57-year-old female who sustained an industrial injury on 6/25/13. Injury was reported relative to repetitive filing, reaching, and keying at work. Past medical history was positive for hypertension, diabetes, and osteoarthritis. The 9/24/14 right shoulder MRI revealed severe acromioclavicular (AC) arthrosis with type 3 acromion and rotator cuff tendinosis. She underwent right arthroscopic subacromial decompression, extensive arthroscopic debridement of partial thickness right rotator cuff tear, and partial distal clavicle excision on 8/31/15. The 10/16/15 treating physician report indicated that right shoulder pain and mobility were slowly improving with therapy. Triggering in her left index finger had resolved after the corticosteroid injection at the last visit. She had continued numbness in the hands. Right shoulder exam documented 100 degrees of forward elevation, 15 degrees of external rotation, and internal rotation to L4 with some pain. Tinel's and Phalen's tests were positive at the carpal tunnels bilaterally. There was mild tenderness with no triggering at the A1 pulley of the left index finger. She was to continue physical therapy 2x6 to work on right shoulder stretching and rotator cuff strengthening. Authorization was requested for 12 physical therapy visits. Records documented that the injured worker had completed 9/12 post-operative visits at the time of this request. The 10/29/15 utilization review modified the request for 12 physical therapy visits to 3 visits to allow completion of the initial 12 post-op visits as the original certification expired on 10/26/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome and rotator cuff repair suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. 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. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. This injured worker presents status post right shoulder arthroscopic surgery. She had completed 9/12 initial post-op visits with slow progression in range of motion and strength, and pain reduction documented. There are residual significant limitations in shoulder range of motion that supported continued post-operative therapy within the recommended general course of 24 visits. Therefore, this request is medically necessary.