

Case Number:	CM15-0219009		
Date Assigned:	11/10/2015	Date of Injury:	02/10/2015
Decision Date:	12/29/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 35 year old male patient, who sustained an industrial injury on 2-10-15. The diagnoses include status post arthroscopic repair of the right shoulder. Per the doctor's note dated 7-22-15 and 8-26-15, he had subsiding pain in the right upper extremity and no numbness. Objective findings dated 8-26-15 revealed good strength with forward flexion and abduction and slight pain with internal rotation. Per the PR2 dated 10-7-15, he reported pain deep within the shoulder improving. He has developed pain in the left shoulder related to overuse. Objective findings included deep pain within the glenohumeral socket and some discomfort along the subacromial space. He had an MR of the right shoulder on 3-11-15, which revealed probable adhesive capsulitis and probable tendinosis of the subscapularis, an EMG-NCS of the right upper extremity on 3-16-15, which revealed severe right carpal tunnel syndrome. He has undergone a diagnostic right shoulder arthroscopy, subacromial decompression, AC joint resection and intraarticular repair of anteriorly based superior labral tear on 6-23-15; right carpal tunnel release on 6/23/15. He had 11 out of 16 authorized physical therapy visits for this injury. The Utilization Review dated 10-19-15, modified the request for physical therapy from 12 visits to 2 x weekly for 3 weeks for 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 times 3 weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Introduction, Physical therapy.

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

Decision rationale: Request: Physical therapy 2 times a week times 3 weeks for the right shoulder. He has undergone a diagnostic right shoulder arthroscopy, subacromial decompression, AC joint resection and intraarticular repair of anteriorly based superior labral tear on 6-23-15; right carpal tunnel release on 6/23/15. The cited guidelines recommend up to 24 visits over 14 weeks for this surgery. Per the records provided, he had 11 out of 16 authorized physical therapy visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy visits are within the recommendations of the cited criteria. Per MTUS post-surgical guidelines, "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 patient has made significant improvement with previous physical therapy visits, but some functional deficits are still there. Therefore, 6 sessions of physical therapy are deemed to be medically appropriate and necessary for the right shoulder at this juncture to transition the patient to a home exercise program. The request of Physical therapy 2 times a week times 3 weeks for the right shoulder is medically necessary and appropriate for this patient.