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| Case Number: | CM15-0031567 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 12/13/2008 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on December 13, 2008. He has reported right shoulder injury. The diagnoses have included status post right shoulder arthroplasty, and right shoulder pain. Treatment to date has included shoulder surgery, transcutaneous electrical nerve stimulation, and medications. Currently, the IW complains of right shoulder pain. Physical findings note range of motion of the shoulder as: elevation 130 degrees, abduction 115-120 degrees, external rotation 40 degrees, and internal rotation to the lumbosacral junction. The Utilization Review indicates he was previously authorized 30 post-op physical therapy sessions. On February 2, 2015, Utilization Review non-certified 12 physical therapy sessions for the right shoulder. The MTUS guidelines were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of 12 physical therapy sessions 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 12 sessions for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: According to the 09/26/2014 report, the patient is status post right rotator cuff repair on 08/26/2014. The current request is 'start' Physical therapy 12 sessions for the right shoulder. The request for authorization is on 10/06/2014. The patient's work status is 'TTD.' According to the records made available for review, the Utilization Review denial letter dated 02/02/2014 states "the patient is status post right rotator cuff repair and the patient has been authorized for 30 post op PT sessions to date." Regarding post-surgical shoulder arthroscopy therapy treatments, MTUS guidelines recommend 24 visits over 16 weeks with time frame for treatment of 6 months. In this case, the surgical date is 08/26/2014 and the request is to start post-op therapy treatments for the right shoulder. Given that the patient has not had therapy treatments as of 09/26/2014, the requested 12 sessions of post-operative therapy is consistent with MTUS recommendation. This request IS medically necessary.