

Case Number:	CM15-0032734		
Date Assigned:	02/26/2015	Date of Injury:	10/08/2013
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/21/2015

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: New York, Tennessee
 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 42 year old male who sustained an industrial injury on 10/18/2014. Current diagnosis includes status post left shoulder posterior labral repair. Previous treatments included medication management, left shoulder surgery, and physical therapy. Report dated 12/22/2014 noted that the injured worker presented for follow-up status post left shoulder posterior labral repair on 08/2014. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continued physical therapy. The physician noted that the injured worker does not have full range of motion and requires more physical therapy. Physical therapy progress reports indicate that the injured worker has completed 20 of 24 previously authorized sessions as of 03/02/2015.

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 for 6 Weeks to The Left Shoulder: Upheld

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

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

Decision rationale: In this case the recommended post surgical physical therapy treatment is 24 visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. In this case the patient had arthroscopic shoulder surgery for labral repair in August 2014. There is documentation of 26 physical therapy visits. In addition the patient has had no improvement with the last six treatments. Medical necessity has not been established. The request should not be authorized.