

Case Number:	CM15-0038122		
Date Assigned:	03/06/2015	Date of Injury:	11/10/2002
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/28/2015

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 57-year-old male, who sustained an industrial injury on November 10, 2002. The diagnoses have included left rotator cuff repair, biceps tenodesis and cervical spine fusion. A progress note dated January 16, 2015 provided the injured worker complains of persistent left shoulder pain and neck and upper back pain. He reports the cortisone injection helped for approximately 3 weeks and now has a moderate amount of difficulty doing activities of daily living (ADL). Physical exam notes decreased strength to supraspinatus testing and pain. There is tenderness of the shoulder. Magnetic resonance imaging (MRI) on October 13, 2014 shows partial thickness tear of supraspinatus tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op left shoulder physical therapy time's twenty four visits: 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: The patient presents with pain and weakness in his shoulder. The patient is s/p 5 surgeries including the left rotator cuff repair was on 12/07/09 and cervical spine fusion on 09/20/11. The request is for 24 SESSIONS OF POST-OP PHYSICAL THERAPY FOR THE LEFT SHOULDER. The current request of additional 12 therapy sessions is within post-operative time frame following the warranted shoulder surgery. For post-operative therapy treatments MTUS post-surgical guidelines page 26-27 allow 24 sessions of physical therapy over 14 weeks after following shoulder arthroscopy. In this case, the treater requested for physical therapy postoperatively following the arthroscopy with a rotator cuff repair of the left shoulder. The utilization review letter on 11/10/02 indicates that the requested arthroscopic surgery is medically warranted. The post-op physical therapy is reasonable. Therefore, the request IS medically necessary.