

Case Number:	CM15-0038699		
Date Assigned:	03/09/2015	Date of Injury:	04/10/2013
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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 46-year-old female, who sustained an industrial injury on 04/10/2013. The diagnoses have included left shoulder parascapular myofascial pain, left shoulder subacromial bursitis, left shoulder supraspinatus rotator cuff tear, left shoulder acromioclavicular joint impingement, and status post left shoulder arthroscopic rotator cuff repair, biceps tenodesis and distal clavicle excision. Noted treatments to date have included physical therapy and medications. Diagnostics to date have included MRI of the left shoulder on 04/24/2014, which demonstrated a full thickness rotator cuff tear per progress note. In the same progress note dated 01/29/2015, the injured worker presented with complaints of left shoulder pain. The treating physician reported wanting to have the injured worker remain engaged in physical therapy. Utilization Review determination on 02/10/2015 modified the request for 12 Physical Therapy sessions with evaluation to 6 Physical Therapy sessions with evaluation citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions with Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: The patient presents with pain and weakness in her left shoulder. The patient is s/p left shoulder arthroscopic rotator cuff repair on 10/13/14. The request is for 12 SESSIONS OF PHYSICAL THERAPY WITH EVALUATION. MRI of the left shoulder on 04/24/14 demonstrates a full thickness rotator cuff tear. X-ray on 10/23/14 shows adequate distal clavicle excision. The patient has had completed 12 sessions of post-op therapy between 11/03/14 and 02/24/15 with functional improvement. The patient is currently working with restrictions. The current request of additional 12 therapy sessions is within post-operative time frame following the shoulder surgery. For post-operative therapy treatments, MTUS guidelines page 23 allow 24 sessions of physical therapy over 10 weeks after following shoulder arthroplasty. In this case, the patient has had 12 sessions of therapy as post-op treatment. The patient appears to be improving but continues to have shoulder pain with work restrictions. MTUS does allow for 24 sessions of post-op therapy following the type of surgery this patient has had. The request for additional 12 session would appear reasonable and within MTUS recommendations. The request IS medically necessary.