

Case Number:	CM15-0047610		
Date Assigned:	03/19/2015	Date of Injury:	08/24/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/12/2015

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, Hawaii
 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 60 year old male who sustained a work related injury August 24, 2013. Past history included hypertension, dyslipidemia, s/p left shoulder arthroscopy with subacromial decompression, open biceps tenodesis, rotator cuff repair, SLAP repair, Bankart repair, and excision distal clavicle performed September 23, 2014. According to a primary treating physician's progress report, dated February 23, 2015, injured worker presented for follow-up. He states he recently started physical therapy for the left shoulder and is finding some subtle improvement in motion but the shoulder remains painful and stiff. Treatment plan included request for additional (8) sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy re-evaluation and treatment, 2 times a week for 4 weeks, left shoulder per 2/23/15 order: Overturned

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

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

Decision rationale: The patient has ongoing pain and stiffness left shoulder with significant limitation of use of the left shoulder. The current request is for Post-operative Physical Therapy re-evaluation and treatment, 2 x per week for 4 weeks, left shoulder. The attending physician states "patient has great deal of pain and stiffness left shoulder. Patient has recently started therapy exercise which has been helpful for him. He will require further therapy. The MTUS Post Surgical Guidelines allow 24 visits over 14 weeks for shoulder arthroscopy including, rotator cuff repair, and Bankart repair. In this case, the patient had left shoulder arthroscopy with rotator cuff repair, SLAP repair and Bankart repair. Documentation indicates the patient has improved with initial therapy. The attending physician is requesting authorization for re-evaluation and additional physical therapy. Records indicate that initial physical therapy began on 1-28-15 and was scheduled twice weekly for 6 weeks. It would appear the patient has completed 12 visits. The documentation does establish medical necessity and an additional 8 visits falls within MTUS Post Surgical Guidelines. As such, recommendation is for approval as the request is medically necessary.