

Case Number:	CM15-0048707		
Date Assigned:	03/20/2015	Date of Injury:	03/19/2014
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient (with an illegible year of birth) who sustained an injury on 03/19/2014. The current diagnosis includes status post left shoulder arthroscopic surgery. Per the progress report dated 03/02/2015, patient can just raise his arm below shoulder level. The physical examination revealed tenderness to palpation of the left acromioclavicular joint and positive impingement, decreased range of motion of the left shoulder; cervical spine-tenderness over the trapezius and paraspinal muscles with spasm, positive axial compression test and decreased range of motion. The current medications list includes norco. He has undergone left shoulder arthroscopic surgery on 2/19/2015. He has had 12 physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Physical therapy 3x4 weeks for the left shoulder, MTUS post-surgical guidelines recommend up to 24 post op visits over 14 weeks for this surgery. Per the records provided patient has had 12 physical therapy visits for this surgery. Therefore, the requested number of additional physical therapy sessions are within the recommendations of the cited criteria. Per MTUS post surgical guidelines, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." Patient has made improvement with previous physical therapy visits but he still has functional deficits-tenderness and decreased range of motion. Therefore, Physical therapy 3x4 weeks for the left shoulder are deemed to be medically appropriate and necessary at this juncture.