

Case Number:	CM15-0055128		
Date Assigned:	03/30/2015	Date of Injury:	07/05/2013
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/23/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 male who sustained an industrial injury on 7/5/13. He was diagnosed with right shoulder impingement syndrome, SLAP tear, and complete proximal biceps tendon rupture. He underwent a right shoulder arthroscopy and subacromial decompression on 12/4/14. The 2/2/15 treating physician report cited 3-4/10 pain with continued biceps muscle spasms and limited range of motion. He was off work as there was no modified duty. Right shoulder exam documented flexion 160, external rotation 80, internal rotation 30 at 90 degrees, and sacrum at 0 degrees. Strength was 4+/5. Additional physical therapy was requested 2x6. The injured worker was making progress in strength and range of motion but needed additional therapy to restore baseline function. The 2/18/15 utilization review recommended modified of the request for 12 additional physical therapy visits to 2 additional visits to facilitate transition to a home exercise program. The 2/23/15 treating physician report cited 3-4/10 right shoulder pain. He had completed 12/12 physical therapy sessions with improved function, strain, and motion. He was still having difficulty reaching behind his back and pain with heavy lifting. He was performing a home exercise program. Right shoulder exam documented flexion 165, external rotation 90, and internal rotation 50 at 90 degrees and L5 at 0 degrees. Strength was 4+/5. Additional physical therapy was requested 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-op Physical therapy 2 times a week for 6 weeks for the right shoulder:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have been met. The patient is 2 months post-op and demonstrated functional benefit with the initial course of 12 post-op physical therapy visits. There are residual range of motion and strength deficits. He is not able to return to full duty work, and modified duty is not available. It is reasonable that additional functional improvement can be accomplished during the general course of care and assist in restoring functional work ability. This request is within the general course of care. Therefore, this request is medically necessary.