

Case Number:	CM15-0055505		
Date Assigned:	03/30/2015	Date of Injury:	10/01/2007
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on 10/01/2007 reporting shoulder issues. On provider visit dated 12/01/2014 the injured worker has reported being two weeks past operative of left shoulder total arthroplasty. On examination he was noted to have light erythema and around incision staples. The diagnoses have included sprains and strains of unspecified site of shoulder and upper arm, disorders of bursae and tendons in shoulder; rotator cuff syndrome and osteoarthritis of shoulder region. Treatment to date has included medication, x-ray, and surgical intervention. The provider requested 16 post-operative sessions of physical therapy to left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: sixteen additional post- op physical therapy sessions two times eight for the left shoulder: Overturned

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

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

Decision rationale: The claimant sustained a work-related injury in October 2007 and underwent a shoulder replacement on November 14, 2014. He was seen two weeks after surgery and the staples were removed. Physical therapy was requested. Therapy following the claimant's surgery would be expected to include up to 24 visits over 10 weeks. The number of requested treatments is within guideline recommendations and therefore medically necessary.