

Case Number:	CM15-0057237		
Date Assigned:	04/02/2015	Date of Injury:	12/13/2012
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/25/2015

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, 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:

This 65-year-old male sustained an industrial injury to the shoulder on 12/13/12. Previous treatment included magnetic resonance imaging, right shoulder arthroscopy with decompression and manipulation (10/27/14), physical therapy and medications. In a PR-2 dated 2/10/15, the injured worker complained of right shoulder pain 5/10 on the visual analog scale. Physical exam was remarkable for right shoulder with full range of motion, motor strength 4/4, intact neurovascular status and normal sensation. Current diagnoses included status post right shoulder arthroscopy and subscapularis tear of the right shoulder. The treatment plan included right shoulder arthroscopy with biceps tenodesis and subscapularis repair and 12 sessions of postoperative physical therapy. The utilization reviewer non-certified the physical therapy as the surgery had not been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy visits for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12, 27.

Decision rationale: Regarding the request for physical therapy, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be pre-scribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, the records note that the surgery was not authorized. In the absence of a pending surgery, there is no indication for postoperative PT sessions and the current request for physical therapy is not medically necessary.