

Case Number:	CM15-0060001		
Date Assigned:	04/06/2015	Date of Injury:	04/10/2012
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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 41 year old female, who sustained an industrial injury on April 10, 2012. She has reported lower back pain, left shoulder pain, and hip pain. Diagnoses have included shoulder labrum tear, cervical spine radiculopathy, shoulder tendonitis/bursitis, elbow tendonitis/bursitis, wrist tendonitis/bursitis, and lumbosacral radiculopathy. Treatment to date has included medications, physical therapy, home exercise, cervical spine fusion, acupuncture, left shoulder surgery, and imaging studies. A progress note dated February 18, 2015 indicates a chief complaint of lower back pain. The left shoulder was noted to be healing from the surgery on February 6, 2015. The treating physician documented a plan of care that included postoperative 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 for the left shoulder, QTY: 18: 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 is more than three years status post work-related injury and underwent an arthroscopic left shoulder subacromial decompression on 02/06/15. When seen, she had decreased range of motion and strength. There appear to have been no postoperative complications. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months, although goals can usually be achieved with fewer visits than the maximum recommended. However, in this case, the number of sessions being requested is within guideline recommendations and therefore considered medically necessary.