MAXIMUS Federal Services

Case Number:	CM15-0086663		
Date Assigned:	05/08/2015	Date of Injury:	09/01/2012
Decision Date:	06/09/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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 23 year old female who sustained an industrial injury on November 11, 2013. Previous treatment includes arthroscopic distal clavicle excision and debridement of the anterior and superior labral tear of the glenohumeral joint, medications, MRI of the brachial plexus. The documentation indicates the injured worker completed eleven out of twelve physical therapy visits. Currently the injured worker complains of right shoulder pain. On examination, the injured worker had slight shoulder protraction and localized tenderness over the bicipital groove and lateral to the acromion process. The right shoulder range of motion is limited and the injured worker had positive load and shift test suggestive of anterior shoulder laxity. The injured worker had 5/5 bilateral upper extremity strength and deep tendon reflexes were symmetrical. No focal sensory deficit was found. Diagnoses associated with the request include right shoulder pain and status post labral surgery. The treatment plan includes continued physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions (2x6): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99, 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

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

Decision rationale: The claimant sustained a work injury in November 2013 and underwent right shoulder arthroscopic surgery with a subacromial decompression and labral tear debridement on 01/27/15. She had postoperative physical therapy. When seen, she had attended 11 treatments sessions. She was having ongoing difficulty with overhead activities. Physical examination findings included decreased right shoulder range of motion with positive apprehension testing and possible anterior shoulder laxity. There was decreased internal and external rotation strength. Authorization for another 12 sessions of physical therapy was requested. Guidelines recommend up to 24 treatments over 14 weeks after the surgery that was performed. In this case, the requested number of additional treatments is within the guideline recommendation. Additionally, the claimant appears to be developing adhesive capsulitis and continued therapy should decrease the likelihood of this happening. The request should be considered medically necessary.