

Case Number:	CM15-0100846		
Date Assigned:	06/03/2015	Date of Injury:	02/05/2013
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 36 year old female, who sustained an industrial injury on 2/5/2013. Diagnoses have included right knee patellofemoral dislocation, left shoulder partial rotator cuff tear status post decompression; chronic cervical sprain/strain and status post left shoulder arthroscopy (2/13/2015). Treatment to date has included post-operative physical therapy for the left shoulder and medication. According to the progress report dated 4/13/2015, the injured worker complained of pain in the cervical spine and left shoulder. She rated her pain in the cervical spine and left shoulder as 6/10 and frequent. Pain was made better with medication. Exam of the cervical spine revealed tenderness to palpation. Exam of the left shoulder revealed limited range of motion. There was tenderness to palpation over the right knee. The injured worker was temporarily totally disabled. Authorization was requested for physical therapy for the left shoulder, twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Shoulder, as an outpatient, 2 times wkly for 4 wks, 8 sessions:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The claimant sustained a work injury in February 2013 and continues to be treated for cervical spine and left shoulder and right knee pain. She underwent arthroscopic left shoulder surgery in February 2015 with repair of a rotator cuff tear and subacromial decompression. She had postoperative physical therapy and as of 03/26/15 had completed nine treatment sessions. When seen, pain was rated at 6/10. She was having worsening neck and shoulder pain. Physical examination findings included cervical spine tenderness with normal range of motion. There was decreased left shoulder range of motion and strength. Authorization for 8 sessions of physical therapy was requested. 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. In this case the number of additional treatments requested is within the guideline recommendation and was medically necessary.