

Case Number:	CM15-0013703		
Date Assigned:	02/02/2015	Date of Injury:	05/17/2014
Decision Date:	03/19/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 31 year old male sustained an industrial injury to the right shoulder on 5/17/14. The injured worker was diagnosed with superior glenoid labrum lesions. The injured worker underwent arthroscopy with shoulder labral tear repair and decompression. Additional treatment included physical therapy and medications. In a PR-2 dated 12/9/14, the physician noted that the injured worker complained of some weakness and pain to the shoulder but was getting better. Physical exam was remarkable for good range of motion to the shoulder with a little bit of catching. The physician stated that it was healing as expected. Current diagnosis was right shoulder labral tear. Work status was modified duty. The treatment plan included continuing with activity modifications and physical therapy. On 1/20/15, Utilization Review noncertified a request for 8 additional sessions of physical therapy citing CA MTUS Chronic Pain Medical Treatment Guidelines and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Medicine

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

Decision rationale: The Post-Surgical Treatment Guidelines state that for rotator cuff syndrome/impingement syndrome or shoulder arthritis and after arthroscopic surgery up to 24 visits of supervised physical therapy over 14 weeks is recommended with continual physical medicine in the form of unsupervised home exercise recommended for at least 6 months or more. In the case of this worker, there was shoulder arthroscopy/surgery followed by 24 completed post-surgical physical therapy sessions with a reported improvement over time. The request for an additional 8 sessions of physical therapy after completing the maximum recommended sessions is not justified or medically necessary and home exercises should be the focus at this point following the surgery. Also there was no evidence that the worker was unable to perform home exercises.