

Case Number:	CM15-0015877		
Date Assigned:	02/03/2015	Date of Injury:	03/21/2012
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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

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 53 year old female who sustained an industrial injury reported on 3/21/2012. She has reported chronic pain to the right shoulder. The diagnoses have included rotator cuff, capsule, sprain; and full thickness tear to the right shoulder. Treatments to date have included consultations; diagnostic imaging studies; magnetic resonance arthrogram of right shoulder (4/21/14); original right shoulder surgery (4/10/13) followed by 12 sessions of physical therapy; approval for more right shoulder surgery for another full-thickness tear and worsening pain; and medication management. The work status classification for this injured worker (IW) was noted to be returned to work. On 1/7/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 12/31/2014, for post-operative physical therapy 1 x a week x 28 weeks to speed up the post-operative rehabilitation process - to 1 x a week x 12 weeks, or 12 sessions. The Medical Treatment Utilization Schedule, chronic pain medical management, shoulder complaints, post-surgical treatment guidelines, physical therapy, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once a week for twelve weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This patient presents with right shoulder pain. The treater has asked for physical therapy once a week for twelve weeks on 12/15/14. The patient has been approved for a right shoulder arthroscopy and rotator cuff repair per 12/15/14 report. The 12/15/14 report also requests 28 sessions of post-operative therapy "to speed up postoperative rehabilitation process" which the utilization review letter dated 1/7/15 modified to 12 sessions. MTUS guidelines state for rotator cuff syndrome/Impingement syndrome and arthroscopic shoulder surgery, post surgical treatment of 24 visits over 14 weeks is recommended over a treatment period of 6 months. The patient is currently working with restrictions. In this case, the patient will undergo arthroscopic shoulder surgery, and a course of postoperative physical therapy is indicated. The requested 12 sessions of physical therapy for the right shoulder appears reasonable. The request IS medically necessary.