

Case Number:	CM15-0113400		
Date Assigned:	06/19/2015	Date of Injury:	02/22/2012
Decision Date:	07/20/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/12/2015

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:

This 36 year old female sustained an industrial injury to the right shoulder, hand and wrist on 2/22/12. On 1/8/15, the injured worker underwent right shoulder arthroscopy with distal clavicle excision, debridement of labral tears and subacromial decompression. The injured worker received postoperative physical therapy. The number of postoperative physical therapy sessions was unclear. In a progress note dated 5/18/15, the injured worker had returned to modified work duty and had experienced a moderate flair in symptoms through the entire right upper extremity. Physical exam was remarkable for diffuse swelling through right wrist and hand and diffuse swelling around the shoulder and neck area. In a progress noted dated 5/20/15, the injured worker reported that she was slowly improving but still had some pain and discomfort. Current diagnoses included right shoulder impingement syndrome status post arthroscopy, acromial arthritis and labral tear. The treatment plan included a course of oral steroids, modified work duty and continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p shoulder arthroscopy on 1/8/15. The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received post-op PT visits; however without specific demonstrated evidence of functional improvement to allow for additional therapy treatments. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6 month rehab period. It is now post 6 months from surgery date. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, nonspecific clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The 12 sessions of physical therapy is not medically necessary and appropriate.