

Case Number:	CM15-0116555		
Date Assigned:	06/24/2015	Date of Injury:	12/20/2014
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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 39-year-old female, who sustained an industrial injury on 12/20/2014. She reported pain in the right shoulder when weight lifting. Diagnoses include superior glenoid labrum lesion (SLAP lesions)/tear of the right shoulder. Treatments to date include activity modification, pre and post-operative physical therapy. Currently, she complained of pain in the shoulder. On 6/2/15, the physical examination documented the surgical incision was clean, dry and intact. The range of motion was limited by postoperative discomfort. She is status post right shoulder surgery 3/13/15. The plan of care included twelve (12) physical therapy sessions for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 3 x 6 visits - right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is s/p shoulder arthroscopy for labral tear and has been authorized 18 post-op PT visits. Current request for an additional 18 visits was modified for 6 to transition to a HEP for a total of 24 visits. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not demonstrated any post-operative complications or comorbidities with ADL limitations to support further physical therapy beyond the guidelines criteria. The Physical therapy for 3 x 6 visits - right shoulder is not medically necessary and appropriate.