

Case Number:	CM15-0119550		
Date Assigned:	06/30/2015	Date of Injury:	03/31/2007
Decision Date:	07/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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 injured worker is a 63 year old female who sustained a work related injury March 31, 2007. Past history included gastric ulcer, left thumb surgery 2007, and right shoulder surgery 2013. According to a primary treating physician's progress report, dated May 21, 2015, the injured worker presented for suture removal, s/p right shoulder arthroscopic capsular release, biceps tenodesis and massive rotator cuff repair with revision subacromial decompression, Mumford procedure with removal of foreign body performed on March 25, 2015. She reports increased pain at night but wearing the sling while sleeping provides some relief of discomfort. There is pain on the top of her right shoulder and into her biceps, rated 8/10. She is currently attending physical therapy. Objective findings included; active motion to 55 degrees and internal rotation to the hip, passively in forward flexion to 160 degrees. She is profoundly weak in her cuff at -4/5 in all areas. Diagnosis is documented as s/p surgery 3/25/2015, slow progress. Treatment plan included discontinue Percocet and recommendation of weaning of Tramadol, and at issue, a request for authorization for continued physical therapy, 12 additional sessions, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 continued post operative physical therapy sessions for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: The claimant sustained a work-related injury in March 2007 and continues to be treated for March 2007 and underwent right shoulder revision arthroscopic rotator cuff repair surgery in March 2015. Treatments included 12 post-operative physical therapy sessions. When seen, she was having increasing pain. There was decreased range of motion and decreased rotator cuff strength. An additional 12 physical therapy treatments were 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 visits being requested is within the guideline recommendation. This was a revision surgery and the claimant is making slow progress. The request was medically necessary.