

Case Number:	CM15-0120216		
Date Assigned:	06/30/2015	Date of Injury:	10/18/2013
Decision Date:	07/29/2015	UR Denial Date:	06/03/2015
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: California

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 44-year-old male, who sustained an industrial injury on 10/18/2012. He reported the gradual onset of right shoulder pain from repeated motions. Diagnoses have included right shoulder internal derangement and pain in elbow. Treatment to date has included right shoulder surgery, post-operative physical therapy, a home exercise program and medication. Magnetic resonance imaging arthrogram of the right shoulder from 4/22/2015 showed a small, superior labral tear. According to the progress report dated 5/13/2015, the injured worker complained of right shoulder pain. He also complained of weakness and popping in the right shoulder. He underwent shoulder decompression on 10/1/2014. Authorization was requested for physical therapy 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 3x3 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: In the case of this request, the patient has undergone right shoulder surgery to address a rotator cuff issue. For this type of post-operative shoulder surgery, the recommended course is 24 post-operative visits of over 6 months physical therapy. Specifically for impingement, the MTUS states: "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months." The submitted medicals indicate the patient has had at least 18 sessions of PT, but now it is beyond 6 months and is no longer the time course for post-op rehabilitation. A postoperative physical therapy course should follow the CA MTUS guidelines. In cases where there is deviation, there should be failed documentation of a home exercise program that was attempted following the post-operative formal physical therapy. In this case, there is no documentation of any extenuating circumstance such as re-injury to warrant extension of formal physical therapy post-operatively. Furthermore, the functional benefit of prior PT was not made clear in the submitted records. This request is not medically necessary at this time.