

Case Number:	CM15-0129367		
Date Assigned:	07/15/2015	Date of Injury:	11/21/2014
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/03/2015

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: Preventive Medicine, Occupational Medicine

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 (IW) is a 42 year old male who sustained an industrial injury on 11/21/2014. He reported a head-on motor vehicle accident with a temporary loss of consciousness. The injured worker was diagnosed as having cervicothoracic strain, mild arthrosis, rotator cuff tear, right knee strain/contusion, improved; Left ankle sprain /strain/contusion, improved; status post motor vehicle accident with wide ranging sprain/strain/contusions; and neurologic diagnosis. Treatment to date has included physical therapy, medications, a MRI arthrogram, arthroscopic labral debridement, subacromial decompression, rotator cuff repair and open subpectoralis biceps tenodesis. Currently, the injured worker is seen in a post-op visit. On exam, the portal sites and incision have no signs of circulatory or neurovascular problems. He is afebrile. Postop neck, elbows, and hand and wrist range of motion as well as shoulder pendulum exercises were reviewed. The treatment plan includes 12 sessions of physical therapy, and the physician would like a total of 24 sessions. The goal is to have the worker reach maximum medical improvement from the surgery 4 months postoperatively. He will be seen for consideration of any further treatments at that time. A request for authorization is made for the following: Post op physical therapy; additional 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy; additional 12 sessions: Upheld

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

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

Decision rationale: Per the cited guidelines, postsurgical treatment guidelines recommend 24 visits of physical therapy over 14 weeks. The postsurgical physical medicine treatment period is 6 months. The injured worker is still within the postsurgical treatment period; therefore, the Chronic Pain Medical Treatment Guidelines do not apply. He has been authorized for 12 visits but the requesting physician is requesting an additional 12 visits. The injured worker has not begun the initial 12 visits. The initial 12 visits should be completed and efficacy documented in order to evaluate the need for additional visits. The request for post op physical therapy; additional 12 sessions is not medically necessary.