

Case Number:	CM15-0161644		
Date Assigned:	09/29/2015	Date of Injury:	09/26/2012
Decision Date:	11/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/18/2015

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 53 year old female, who sustained an industrial injury on 9-26-2012. The injured worker is undergoing treatment for: cervicothoracic strain, arthrosis, discopathy with central and foraminal stenosis, right shoulder status post arthroscopic labral debridement, subacromial decompression and mumford procedure, lumbosacral strain arthrosis, discopathy with central and foraminal stenosis. On 8-10-15, she is reported to be 10 days post right shoulder surgery. She is reported to have not started post-operative physical therapy. Her subjective findings documented are report of her doing better with nausea and vomiting. There are no subjective findings documented regarding her right shoulder. Objective findings revealed no signs of infection, the right shoulder is neurovascularly intact, movement of neck, elbow, hand and wrist are noted as "well", and "significant scapular dyskinesis". The treatment and diagnostic testing to date has included: medications, right shoulder surgery (2015). Medications have included: topical Motrin cream, Ultracet, Celebrex. Current work status: not documented. The request for authorization is for: post-operative physical therapy 2 times a week for 6 weeks for the right shoulder. The UR dated 7-22-2015: non-certified the request for post-operative physical therapy 2 times a week for 6 weeks for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 2xWk x 6Wks for the Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: The claimant sustained a work injury in September 2012 and is being treated for right shoulder pain. When seen, there had been a failure of conservative treatments that had included acupuncture and physical therapy. Physical examination findings included a BMI of 45.5. There was decreased shoulder range of motion with markedly positive impingement testing. There was shoulder pain with Spurling's testing. There were acromioclavicular joint degenerative changes. An MRI showed findings of a probable partial rotator cuff tear. Right shoulder surgery with post-operative physical therapy was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is within accepted guidelines and can be accepted as being medically necessary.