

Case Number:	CM15-0175577		
Date Assigned:	09/16/2015	Date of Injury:	12/29/2014
Decision Date:	10/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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 67-year-old female, who sustained an industrial injury on 12-29-2014. The medical records indicate that the injured worker is undergoing treatment for status post right shoulder subacromial decompression and cuff repair (7-27-2015). According to the progress report dated 8-13-2015, the injured worker presents for first post-op examination. No subjective complaints were noted. The physical examination of the right shoulder reveals poor range of motion and strength, swelling, and ecchymosis. The portals did not show signs and symptoms of infection. Neurocirculatory status is intact. Treatment to date has included medication management, physical therapy, injection therapy, and surgical intervention. Work status is described as "off work". The RFA from 6-12-2015 requested the first set of 12 post-op physical therapy sessions. The original utilization review (9-2-2015) had non-certified a request for a second set of 12 post-op physical therapy sessions to 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 the right shoulder QTY 12: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in December 2014, is being treated for right shoulder pain, and underwent a subacromial decompression and repair on 07/27/15. When seen, there was decreased shoulder range of motion and strength. 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 medically necessary.