

Case Number:	CM15-0066093		
Date Assigned:	04/13/2015	Date of Injury:	02/15/2013
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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 72 year old female, who sustained an industrial injury on February 15, 2013. Treatment to date has included left shoulder arthroscopy and acromioplasty, physical therapy, home exercise program and medications. Currently, the injured worker reports progress following her physical therapy yet feels she still has limitations. On examination, her left shoulder has limited range of motion and no instability. She is neurovascularly intact. She reports mild tenderness in the anterior acromion and has no instability on translation testing. Her treatment plan includes twelve visits of continued physical therapy. Diagnoses associated with the request include sprains and strains of shoulder and upper arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy, 2x6 of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment 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 physical therapy. The submitted medicals indicate the patient has had at least 24 sessions of PT approved. 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. This request is not medically necessary at this time.