

Case Number:	CM15-0073085		
Date Assigned:	04/28/2015	Date of Injury:	09/11/2014
Decision Date:	05/27/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/16/2015

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 29 year old male, who sustained an industrial injury on 09/11/2014. The initial complaints or symptoms included neck pain followed by left shoulder pain and chest pain. The injured worker was diagnosed as having sprain of the ribs. Treatment to date has included conservative care, medications, x-rays, conservative therapies, and MRI of the left shoulder. Currently, the injured worker complains of frequent sharp stabbing pain in the left shoulder with a pain severity rating of 6/10 with associated numbness, tingling and weakness, and anxiety. The diagnoses include labral tear of the left shoulder, and tendinitis and impingement syndrome of the left shoulder. The treatment plan consisted of left shoulder diagnostic arthroscopy with subacromial decompression, debridement/repair of the labrum, and excision of the distal clavicle followed by 24 post-operative physical therapy sessions for the left shoulder (modified).

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Post-Operative Physical Therapy Visits, 2 times a week for 12 weeks for the Left Shoulder: Overturned

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

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

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for left shoulder pain. When seen, there was normal strength and range of motion with positive impingement testing. Being planned is a subacromial decompression with labral repair. Authorization was requested for 24 postoperative physical therapy treatment sessions. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks. In this case, the number of requested post-operative physical therapy sessions is consistent with the guidelines recommendation and therefore is considered medically necessary.