

Case Number:	CM15-0095549		
Date Assigned:	05/26/2015	Date of Injury:	06/14/2010
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male, who sustained an industrial injury on 6/1/14. The injured worker was diagnosed as having status post revision shoulder replacement. Treatment to date has included right shoulder revision of total shoulder. Currently, the injured worker states he is doing well post right filed total shoulder with revision and reeves shoulder replacement. He is currently working with light duty restrictions. Physical exam noted well-healed wound in right upper extremity with minimal lymphedema and slightly restricted range of motion. The treatment plan included beginning physical therapy and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Therapy for Shoulder; Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks.

Decision rationale: Per report of 4/13/15, the patient is 8 weeks post shoulder revision arthroplasty and progressing having completed at least 12 postoperative PT visits now with request for an additional 18 sessions. Submitted reports have noted the patient progressing well with low pain level reported for the extensive postsurgical period without noted operative complications or extenuating circumstances to support for additional 18 therapy sessions, beyond guidelines criteria for total of 30 visits. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 10 weeks for shoulder arthroplasty with postsurgical physical medicine treatment period to transition to an independent home program. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Physical therapy 2-3 times a week for 6 weeks for the right shoulder is not medically necessary and appropriate.