

Case Number:	CM13-0002135		
Date Assigned:	12/11/2013	Date of Injury:	06/07/2012
Decision Date:	02/07/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year-old with a date of injury of 06/07/12. The mechanism of injury related to the right shoulder. The most recent progress note dated 06/20/13 identified subjective complaints of right shoulder pain as well as neck pain. Objective findings included tenderness of the shoulder, decreased range-of-motion, and reduced strength in various muscles of the right upper extremity. Diagnostic studies include a nerve conduction study done 11/18/13 that showed left and right median nerve sensory and motor neuropathy of moderate severity. Diagnoses indicate that the patient had "Rotator cuff syndrome/Impingement syndrome, arthroscopic repair". Treatment has included right shoulder arthroscopy, subacromial decompression, rotator cuff repair, and bicipital tenodesis on 01/24/13 and current oral analgesics. A Utilization Review determination was rendered on 07/02/13 recommending non-certification of "physical therapy and acetaminophen".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 16 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-operative physical therapy, Diagnosis: Rotator cuff syndrome/Impingement, arthroscopic repair

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

Decision rationale: The Physician Reviewer's decision rationale: The initial request for additional postoperative physical therapy was denied since the patient had not yet completed their initial course of physical therapy. The MTUS postoperative guidelines for physical therapy of the shoulder (post arthroscopic rotator cuff syndrome) include 24 sessions over 14 weeks, with the postsurgical period being 6 months. With documentation of functional improvement, a subsequent course of physical therapy may be prescribed. There is no documentation provided that after completion of the initial course whether there was a partial improvement necessitating additional treatment.