

Case Number:	CM13-0004459		
Date Assigned:	12/18/2013	Date of Injury:	05/11/2011
Decision Date:	01/31/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine and is licensed to practice in California. 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 is a 42 year-old female with a 5/11/11 injury date. She was diagnosed with right medial epicondylitis , and a right shoulder rotator cuff tear with impingement. She underwent right shoulder arthroscopic subacromial decompression and rotator cuff repair on 4/10/13, and has completed 16 of 20 post-op PT sessions as of the 7/11/13 report. She was reported to have significant improvement with an intraarticular shoulder injection on the prior visit, but still had range of motion deficits and intermittent episodes of moderate pain. An additional 8 PT sessions have been requested, as there was still decreased motion in full abduction and internal rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: