

Case Number:	CM13-0008093		
Date Assigned:	03/07/2014	Date of Injury:	01/30/2012
Decision Date:	08/11/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 53-year-old female claimant who sustained a vocational injury on January 30, 2012. The medical records provided for review document that the claimant underwent right shoulder arthroscopy with labral resection, synovectomy, debridements, coracoid ligament release and bursectomy on August 22, 2102. The report of the June 24, 2013 office visit noted that the claimant's pain and symptoms in her shoulder were stable and she was able to do her usual and customary work. She stated that rest helped alleviate the symptoms as well as Celebrex, however, it was noted that she had not recently been taking the Celebrex. On exam, she had flexion to 170 degrees of the shoulder, adduction to 170 degrees, internal rotation to 80 degrees, and external rotation to 45 degrees. There was crepitus noted in the shoulder. There was positive Hawkin's test as well. Strength was noted to be 4/5. Neurologically, the claimant was noted to be intact. Diagnosis was right shoulder pain status post right shoulder arthroscopy with labral resection, synovectomy, debridement, and synovitis of the right shoulder. The recommendation was made to continue physical therapy at home, resume her regular activity, and use Celebrex on an as needed basis. A prior Utilization Review Determination dated July 5, 2013 noted that the claimant had twenty-four formal sessions of postoperative physical therapy following her surgery in August, 2012. This request is for physical therapy extensions at two times a week for two to three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EXTENSIONS AT 2 TIMES A WEEK FOR 2-3 WEEKS (POST OPERATIVE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The documentation presented for review lacks significant subjective complaints or abnormal physical exam objective findings to support the medical necessity for continued formal physical therapy. There is a lack of documentation that explains why the claimant would not be capable of transitioning to a home exercise program. There is no documentation to indicate that the claimant has sustained a new injury or has new or ongoing complaints in the right shoulder which would necessitate a formal course of formal physical therapy. Additional physical therapy at this time would exceed not only the quantity recommended by the California MTUS Postoperative Rehabilitation Guidelines, but also the timeframe at which postoperative physical therapy should be completed according to the guidelines. Therefore, based on the documentation presented for review and in accordance with California MTUS Postoperative Physical Therapy Guidelines, the request for additional physical therapy cannot be considered medically necessary.