

Case Number:	CM13-0010039		
Date Assigned:	09/19/2013	Date of Injury:	09/30/2009
Decision Date:	09/05/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with the date of injury of September 30, 2009. Non-certification was recommended due to the patient having undergone 24 postoperative physical therapy sessions thus far. A physical therapy report dated July 2, 2013 indicates that the patient has had 24 therapy sessions to date. The note indicates that the patient is unable to lift more than 5-10 pounds and unable to raise his arm over his head to perform activities of daily living. The treatment plan recommends continuing physical therapy. A progress note dated July 9, 2013 identifies subjective complaints indicating that the shoulder has weakened since the last visit. The note states that the patient has been going to physical therapy, and that she fell face forward onto concrete about 6 weeks ago. The shoulder pain is persistent and does not appear to be improving even after her 2nd surgery 3 1/2 months ago. The physical examination findings identify active abduction limited to 80 degrees, flexion to 90 degrees, passive abduction to 120 degrees, 130 degrees of flexion, 80 degrees of external rotation, and 70 degrees of internal rotation. The treatment plan recommends continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for additional physical therapy for the shoulder, the California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, it appears the patient has already completed 24 sessions of postoperative physical therapy. The requesting physician has stated that the patient's shoulder pain is persistent and does not appear to be improving despite these physical therapy sessions. It is unclear why the requesting physician feels that additional physical therapy will help the patient improved above and beyond what has already been achieved with the 24 sessions already provided. Furthermore, there is no identification of any intervening complication or setback which would require additional therapy in excess of the maximum number recommended by guidelines. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.