

Case Number:	CM13-0013866		
Date Assigned:	12/27/2013	Date of Injury:	05/09/2008
Decision Date:	02/27/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/19/2013

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 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 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:

The patient is a 30-year-old female who was injured in a work related accident on 5/9/08. Specific to the patient's right shoulder, recent clinical records for review included a progress report dated 10/28/13 documenting that the patient was status post shoulder surgery for adhesive capsulitis on a 2/5/13. The record indicated that forward flexion to 160 degrees with pain and abduction to 90 degrees. The recommendations for treatment included continued use of medications, topical compounded agents, and continued course of formal physical therapy. Further review of the clinical records indicated that the patient had a superior labrum anterior to posterior (SLAP) repair and had documented 24 sessions of physical therapy completed in the postoperative setting. There is a request at present for continuation of physical therapy once a week for four additional weeks for four sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the right shoulder 1 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS guidelines indicate that for postsurgical rehab for continued physical therapy recommend 24 visits over 14 weeks with postsurgical physical medicine treatment period of 6 months. In this patient's case, the documentation submitted for review indicates that the patient has regained motion and has attended 24 sessions of therapy since time of the operative procedure that occurred over a year ago. There is no documentation to support that the patient would not be able to transition to an aggressive home exercise program at one year post surgery. Thus, the continued use of formal physical therapy given the patient's surgical process would not be indicated. The request for additional physical therapy to the right shoulder 1 x 4 weeks is not medically necessary and appropriate.