

Case Number:	CM13-0019690		
Date Assigned:	10/11/2013	Date of Injury:	06/19/2012
Decision Date:	02/06/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 Family Practice, has a subspecialty in Preventive Medicine 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:

Claimant sustained a work related injury on 6/19/12 that resulted in a shoulder injury. She received cortisone injection, therapy, rest and analgesics for her right shoulder pain. After failure of conservative care, she underwent a rotator cuff repair on 4/3/13. Physical Therapy was initiated on 4/25/13. A physical therapy note on 8/2/13 indicated that goals for right upper extremity numbness, strength were not met. A request has been made for additional 12 sessions of physical therapy on 8/20/13. An exam report on 9/24/13 indicated persistent shoulder and neck pain. Examination findings indicated positive compression and Spurling findings of the neck and decreased range of motion of the shoulder. Acupuncture and continuation of physical therapy two times a week for 6 weeks was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Physical Therapy after completing 26 post operative sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204- 212.

Decision rationale: The Physician Reviewer's decision rationale: According to the ACOEM guidelines, passive modalities by a therapist are not recommended unless accompanied by

teaching the patient exercises to be carried out at home. Short course of exercise instruction by a therapist is optional. Range of motion and exercise are non-prescribed physical methods. In this case the claimant underwent several months of therapy with continuous difficulty meeting goals. There is no indication why the claimant cannot complete such therapy at home independent of physical therapy. As a result physical therapy is not medically necessary after completing 26 sessions.