

Case Number:	CM13-0023715		
Date Assigned:	11/15/2013	Date of Injury:	08/21/2002
Decision Date:	04/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 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:

The patient is a 59 year old female who was injured on 08/21/2002 and the mechanism of injury is unknown. Prior treatment history has included 18 sessions of physical therapy treatments, Norco, Voltaren gel. The patient underwent surgical treatment to her right shoulder performed by [REDACTED] on May 20, 2013. Diagnostic studies reviewed include MR arthrogram of the right shoulder performed on 12/19/2012 revealed low grade, partial thickness tearing of the supraspinatus tendon and infraspinatus tendon characterized by small pinhole tears with contrast communication between the glenohumeral joint and subacromial/subdeltoid bursa; extensive subacromial decompression with reconstitution and thickening of the coracoacromial ligament; and no evidence for labral tearing. The progress report dated 08/21/2013 documented the patient to report the pain is subsiding since the operation on 05/20/2013. Objective findings revealed range of motion improved since operation on 05/20/2013. The patient is recommended physical therapy for 8 sessions to increase strength and range.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Postsurgical treatment Guidelines outlines physical therapy as 24 visits over 14 weeks as an acceptable course of treatment. The relevant subject has received 18 physical therapy sessions. The request for eight (8) additional sessions will constitute a total of twenty six (26) physical therapy sessions. This would violate the recommended postsurgical disability guidelines by two sessions.