

Case Number:	CM13-0029943		
Date Assigned:	12/11/2013	Date of Injury:	10/06/2009
Decision Date:	02/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/27/2013

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 33-year-old female who was injured in a work related accident on 10/06/09. Records for review indicate chronic complaints of pain to the back and the cervical spine. It is indicated that she has undergone surgery to the right shoulder in the form of an arthroscopy, subacromial decompression, and debridement on 10/11/12. Recent clinical records for review include a 10/16/13 assessment indicating the claimant is participating in a functional restoration program for chronic pain syndrome, particularly to the right shoulder. It is indicated that the claimant has undergone a significant course of formal physical therapy since time of arthroscopy. A 08/09/13 assessment with [REDACTED] indicated stiffness to the neck and continued soreness to the right shoulder with exam showing healed incisions, restricted range of motion, and tenderness to the AC joint. At that time, there was a request for 12 additional sessions of therapy to the claimant's shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 visits of Physical Therapy, Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy following surgical process for impingement would only necessitate 24 visits over a 14 week period of time with postsurgical medical treatment period of six months. The claimant, at present, is greater than six months following time of procedure with documentation of significant course of physical therapy already utilized, as well as participation in a functional restoration program. It would be unclear at present as to why 12 additional sessions of PT would be indicated and why the claimant would be unable to transition to home exercises or continue with functional restoration program as described.