

Case Number:	CM13-0031034		
Date Assigned:	12/04/2013	Date of Injury:	06/23/2008
Decision Date:	01/24/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 51-year-old female who reported an injury on 06/23/2008. Due to ongoing problems with the patient's right shoulder, she subsequently underwent a right shoulder arthroscopy, subacromial decompression with rotator cuff repair on 06/28/2013. The patient was re-evaluated on 07/23/2013, whereupon it was noted that she had started a physical therapy program. On 08/20/2013, the patient was seen again for an evaluation to see how she was progressing status post right shoulder arthroscopy with subacromial decompression of the rotator cuff repair. On the physical exam, it was noted the patient has range of motion and forward flexion of 0 to 70 degrees, external rotation was from 0 to 30 degrees, and internal rotation was to T12. The plan at that time was for the patient to undergo additional physical therapy 2 times a week times 4 weeks. A progress report dated 08/27/2013 noted the patient was still having some decreased range of motion in her right shoulder. The physician was again requesting additional physical therapy to prevent frozen shoulder syndrome. As noted on here, the patient reportedly only completed 8 sessions of physical therapy and the physician was requesting 16 more. To note, this progress note is of poor quality and difficult to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 8 weeks right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient was noted as having completed 8 sessions of physical therapy postoperative beginning roughly in 07/2013. Under the California Postsurgical Treatment Guidelines for Sprained Shoulder with Rotator Cuff Repair, a patient is allowed 24 visits over 14 weeks with the postsurgical physical medicine treatment period of 6 months. It is unclear why the patient did not continue at that time with further treatment since an additional 16 sessions would have been allowed for post-operative therapy. However, it has now been nearly 7 months since the surgical procedure was performed. Therefore, at this time, the request would be beyond the 6 month treatment period per California MTUS Postsurgical Guidelines. As such, the requested service does not meet guideline criteria for additional physical therapy. Recommendation is that the patient continues with home exercises as noted in the California MTUS Guidelines under physical medicine.