

Case Number:	CM13-0031113		
Date Assigned:	12/04/2013	Date of Injury:	04/30/2012
Decision Date:	02/25/2014	UR Denial Date:	09/16/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 40 year old female with a date of injury of 04/30/2012. The listed diagnoses per [REDACTED] are: 1. Status post right shoulder Arthroscopy, rotator cuff repair 03/15/2013 2. History of seizure disorder According to report dated 08/16/2013 by [REDACTED], patient is experiencing frequent pain to her right shoulder. Examination of the right shoulder showed "healed arthroscopic incisions and tenderness greater tuberosities." Subacromial grinding and clicking was noted. Right shoulder ROM revealed flexion at 90, extension at 30, abduction at 75, adduction at 30, internal rotation at 80 and external rotation at 70.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS guidelines pg 26, 27 under Sprained shoulder; rotator cuff (ICD9 840; 840.4) states "Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks.

Postsurgical physical medicine treatment period: 6 months." Review of medical records dated 03/15/2013 to 08/16/2013 shows patient has received 17 post operative physical therapy sessions. Although a short course of additional post operative therapy may be warranted, the requested 12-18 additional sessions exceeds what is recommended by MTUS guidelines. The requested 12-18 physical therapy sessions is not medically necessary and recommendation is for denial.