

Case Number:	CM13-0031492		
Date Assigned:	12/04/2013	Date of Injury:	02/01/2011
Decision Date:	01/08/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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.

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 34-year-old female who reported an injury on 02/01/2011 due to cumulative trauma while performing normal job duties. The patient was conservatively treated with physical therapy and injection therapy. Due to ongoing pain in the right shoulder, the patient underwent right shoulder arthroscopy. The patient continued to have mechanical symptoms that were not alleviated by an additional injection. The patient had continued shoulder complaints rated at an 8/10. Physical findings included range of motion secondary to pain described as 90 degrees in abduction to internal rotation. The patient's diagnoses included impingement syndrome status post arthroscopic subacromial decompression and distal clavicle resection and postsurgical arthrofibrosis of the right shoulder. The patient's treatment plan included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two (2) times a week for six (6) weeks for the right shoulder:
Upheld

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

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

Decision rationale: The requested outpatient physical therapy two (2) times a week for six (6) weeks for the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has continued deficits

in range of motion and weakness that have been responsive to prior therapy. The California Medical Treatment and Utilization Schedule recommends 24 visits of physical therapy for the postsurgical treatment of this type of surgery. As the patient has previously participated in 20 visits of physical therapy, the requested additional 12 visits would exceed Guideline recommendations. The clinical documentation submitted for review does not provide any exceptional factors to support the need to extend treatment beyond Guideline recommendations. There are no barriers noted within the documentation to preclude further progress of the patient while being transitioned into a home exercise program. As such, the requested outpatient physical therapy two (2) times a week for six (6) weeks for the right shoulder is not medically necessary or appropriate.