

Case Number:	CM13-0031625		
Date Assigned:	12/04/2013	Date of Injury:	12/25/2010
Decision Date:	02/24/2014	UR Denial Date:	09/17/2013
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 & Rehabilitation, has a subspecialty in Pain Management, 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 53 year old male with a date of injury of 12/25/2010. The listed diagnoses per [REDACTED] dated 09/03/2013 are an industrial injury to right shoulder and status post right shoulder arthroscopy 04/19/2013. According to report dated 09/03/2013 by [REDACTED], patient presents with right shoulder pain with stiffness, achiness and weakness. It is noted that patient continues to make slow and steady progress, however, felt a recent "regression of symptoms". Examination of the right shoulder showed forward flexion to 150 degrees, abduction of 155 degrees and manual muscle testing 4-/5 with well healed arthroscopic portals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient is status post right shoulder arthroscopy dated 04/19/2013. The medical records provided for review indicate that the patient "has made good progress with the therapy previously." The MTUS Postsurgical Treatment Guidelines state "Postsurgical

treatment (RC repair/acromioplasty): 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months." Medical records reveal this patient received 19 initial post op sessions ending 04/14/2013 and then an additional 4 sessions between 07/23/13 and 8/15/2013. Since the patient has received 23 post op sessions to date, the requested additional 12 sessions exceeds what is recommended by MTUS Postsurgical Treatment Guidelines. The request for 12 physical therapy sessions is not medically necessary and appropriate.