

Case Number:	CM13-0036311		
Date Assigned:	12/13/2013	Date of Injury:	02/01/2012
Decision Date:	02/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational Medicine 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 57 year old with a date of injury of 2/1/12 with limited range of motion in the right shoulder. The patient has forward flexion of 90 degrees, 70 degrees abduction, and 5 degrees extension. There was a 6 week gap in physical therapy. The patient underwent arthroscopic capsular release and debridement on 6/25/13; the surgery included subacromial decompression, distal clavicle recession. The patient completed 22 postoperative physical therapy (physical therapy) sessions. The patient's range of motion has not progressed significantly since his post operative re-evaluation on 8/8/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional post-op physical therapy visits for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS has postoperative guidelines for adhesive capsulitis. The guides recommend 24 visits over 14. Physical medicine guides need to show functional improvement and benefit from PT. It appears that the patient has not made significant progress with PT since

August 2013. In addition, the requested 12 sessions of PT would clearly exceed given post-op guidelines. The patient may benefit from additional PT, but there needs to be clear documentation of the benefit of PT. Therefore as written, 12 additional sessions of PT is not appropriate.