

Case Number:	CM13-0037878		
Date Assigned:	12/18/2013	Date of Injury:	07/19/2006
Decision Date:	02/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 Cardiology and is licensed to practice in 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. 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 50 year old male who reported an injury on 07/19/2006. The patient is status post subacromial decompression of the right shoulder, which is slowly improving with diminished pain. The patient has had complaints of weakness that are exacerbated with attempted lifting, reaching and pushing activities. Most of the pain occurs during the course of the day with occasional pain at night. There have been no changes to his medical health, and he has no gastrointestinal, respiratory or cardiovascular complaints. On the 10/14/2013 progress report, it states that the patient reports that postop PT/acupuncture for the right shoulder has improved his range of motion and stability. The patient was to finish remaining sessions and then have a follow-up with a [REDACTED]. The patient was pending scheduling for pain management for the cervical and lumbar spines. The patient reported mild improvement in the cervical spine following the right shoulder surgery, but no change in his lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop Physical Therapy Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder pain section, post operative physical therapy

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

Decision rationale: Regarding the request for postop physical therapy for the right shoulder, although the patient has shown improvement and has noted that he feels as though he has improved with his range of motion in his right shoulder post physical therapy and acupuncture, the patient has already attended at least 12 sessions of physical therapy to date. Under the California MTUS Postsurgical Guidelines, it states that for postsurgical treatment for arthroscopic rotator cuff syndrome/impingement syndrome, a patient is allowed 24 visits over 14 weeks. As noted before, the patient has undergone at least 12 sessions of physical therapy postoperatively and may benefit from more. However, the physician has failed to indicate how many additional sessions of physical therapy he would like the patient to participate in. In addition, the patient underwent an extensive evaluation during his "Agreed Medical Examination" with [REDACTED] on 10/28/2013. Based on his examination and objective assessment of the patient's condition, he documented that "[REDACTED] has plateaued in response to conservative and operative treatment". Despite multiple interventions and conservative therapies, [REDACTED] could find no change (no objective evidence of improvement) since his previous evaluation in 2012. As such, the requested service is non-certified.