

Case Number:	CM13-0042014		
Date Assigned:	12/20/2013	Date of Injury:	11/13/2012
Decision Date:	03/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery 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 49-year-old female who reported an injury on 11/13/2012 due to a fall that reportedly caused injury to the patient's right shoulder. The patient ultimately underwent surgical intervention of the right shoulder in 05/2013. The patient received postoperative care to include physical therapy and medications. Patient's most recent clinical examination findings revealed 4+/5 strength with moderate pain of the right upper extremity and range of motion described as 120 degrees in forwards flexion and 110 degrees in abduction with pain at the endpoints of motion. It was documented during the assessment that the patient was able to perform ADLs without severe pain as a result of ongoing physical therapy; however, continued to be unable to reach above shoulder level. The patient's diagnoses included status post rotator cuff repair of the right shoulder with resolving adhesive capsulitis and resolving olecranon bursitis. The patient's treatment plan included ongoing physical therapy and participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the right shoulder (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The requested physical therapy for the right shoulder is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 24 visits of physical therapy and the postsurgical management of rotator cuff/impingement syndrome. The clinical documentation submitted for review does provide evidence that the patient has received physical therapy with functional benefit. However, the patient continues to have range of motion deficits and pain complaints that would benefit from continued therapy. However, the clinical documentation does not provide the frequency and duration of prior visits for an appropriate duration of continued therapy cannot be assessed. As such, the requested continued physical therapy for the right shoulder 2 to 3 times per week for 6 weeks is not medically necessary or appropriate.