

Case Number:	CM13-0047697		
Date Assigned:	12/27/2013	Date of Injury:	12/28/2009
Decision Date:	09/05/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 expert 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 injured worker is a male worker with an original date of injury of 12/28/09. The injured worker has chronic shoulder pain and, according to a note on date of service 9/11/2013, had revision shoulder surgery with a reported complicated rehabilitation course. The patient had a complex revision shoulder surgery. The patient unexpectedly had more stiffness than anticipated, and therefore the requesting provider is requesting additional physical therapy to help with strengthening. The requesting provider states that the strengthening phase has not begun because of the stiff shoulder issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS, FOR TREATMENT OF THE LEFT SHOULDER FOR A TOTAL OF 12 SESSIONS:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient had a complex revision shoulder surgery. According to an appeal letter on 9/11/13, the patient unexpectedly had more post-operative stiffness than anticipated, and therefore the requesting provider is requesting additional physical therapy to help with strengthening. The requesting provider states that the strengthening phase has not begun because of the stiff shoulder issues. Although the post-operative guidelines have specific durations of physical therapy, these are general guidelines that are intended as rules of thumb for general cases. In this case, the guidelines do not specifically address this surgery, as there was not only rotator cuff repair, but biceps tenodesis as well (for which the guidelines do not specify a particular time course). Since the patient is exhibiting progression with therapy albeit at a slow rate, and has documentation of suffering a setback with stiffness, this request is medically necessary.