

Case Number:	CM13-0052036		
Date Assigned:	01/03/2014	Date of Injury:	02/26/2013
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, 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 47 year old female who was injured on 02/26/2013 who sustained an industrial injury to her neck, right shoulder and upper extremity when a child was pulled her arm down. Prior treatment history has included steroid injection, medications and physical therapy (last visit in November). The patient underwent a right shoulder arthroscopy with arthroscopic rotator cuff repair, subacromial decompression, labral debridement and partial synovectomy without complication on 07/26/2013. A PR-2 dated 12/16/2013 documented the patient to have shoulder pain and a limited range of motion. A physical therapy report dated 11/27/2013 documented the patient to still have shoulder pain and difficulty raising her arm overhead. Examination of mobility of the shoulder revealed flexion of 95 degrees initial right, 155 degrees current right; abduction 60 degrees initial right, 145 degrees current right; external rotation at 0 degrees, 25 degrees initial right, 72 degrees current right; external rotation at 90 degrees 50 degrees current right; internal rotation at 90 degrees, 30 degrees current right. Active range of motion (AROM) of the shoulder revealed 140 degrees of flexion, 135 degrees abduction, 65 degrees external rotation at 0 degrees. The patient presented with continued pain in the shoulder despite good AROM and strength surrounding shoulders. The patient will be discharged at this time from formal physical therapy with independence 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:

Additional physical therapy 3 times a week for 6 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that active physical therapy is beneficial for restoring strength, range of motion, and can decrease pain issues. According to the medical records provided for review, the patient's last physical therapy session was November, 2013 and the patient was to follow a home exercise therapy program upon discharge from formal physical therapy. The patient was given direction for a home exercise program and her strength and range of motion have improved. The request for an additional 18 sessions of physical therapy exceeds the MTUS Chronic Pain Guidelines' recommendations. The request for additional physical therapy 3 times a week for 6 weeks is not medically necessary and appropriate.