

Case Number:	CM13-0053701		
Date Assigned:	12/30/2013	Date of Injury:	02/22/2012
Decision Date:	05/29/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine and is licensed to practice in California and Oklahoma. 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 patient is a 58 year old female who was injured on 02/22/2012. The mechanism of injury is unknown. Prior treatment history has included 36 visits of physical therapy. The patient underwent a right shoulder arthroscopy with extensive debridement of labral tear and rotator cuff tear on 04/11/2013. PR2 dated 09/30/2013 states the patient is seen for follow-up of her right shoulder. She states she has some pain in her right shoulder; however; she believes she has improved since her last visit, particularly in terms of flexibility. On exam of right shoulder, active range of motion is 160 degrees of flexion; 160 degrees of abduction, external rotation is to 80 degrees; abductors, external rotators, and internal rotators are 5/5. The impression is status post right shoulder arthroscopy with debridement. The patient has some mild residual stiffness in the shoulder. She is requesting additional therapy. We will request additional therapy twice a week for three weeks. Meanwhile, she will continue with her independent program. Physical therapy evaluation note dated 09/25/2013 states the patient has been seen two times per week for a total of 7 weeks. The patient's physical therapy treatment program has consisted of STM, Ice compression, IF E-stim, UBE, freeweights, and Theraband pulleys. She reports that driving for greater than an hour and reaching aggravates her pain. The treatment plan is to have the patient continue with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: Per California MTUS Post Surgical Treatment Guidelines the recommended amount of physical therapy visits for arthropathy is 24 visits over a 10 week period. This patient has already had 36 physical therapy visits. This amount exceeds the California MTUS recommended quantity. The provider notes also state that she has been trained on HBE and conducting these independently. Therefore, this is not medically necessary.