

Case Number:	CM13-0053712		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2011
Decision Date:	04/10/2014	UR Denial Date:	10/17/2013
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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

This is a 40-year-old gentleman who was injured in a work-related accident July 5, 2011 when he sustained an injury to his right shoulder. Specific to his right shoulder, there is documentation that the claimant underwent a February 7, 2012 right shoulder arthroscopic rotator cuff repair and acromioplasty. Postoperatively, he continued to be with pain. An MRI report of August 20, 2013 showed no evidence of re-tearing to the rotator cuff. A follow-up assessment of September 13, 2013 indicated the claimant was with continued complaints of pain and lack of function, for which a surgical process in the form of a right shoulder arthroscopic capsular release, debridement under anesthesia and manipulation were recommended for further treatment. The last clinical record for review with [REDACTED] of November 18, 2013 once again indicated the need for operative intervention as well as a treatment plan that would consist of a home exercise program for a current diagnosis of adhesive capsulitis. At present, there is a request for 15 sessions of physical therapy in a postoperative fashion for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE 15 (3X5) PHYSICAL THERAPY SESSIONS FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation and (ODG) Official Disability Guidelines-

Treatment for Workers' Compensation (TWC), Integrated Treatment/Disability Duration Guidelines (DDG), Shoulder (Acute & Chronic), pages 10, 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

Decision rationale: Based on California MTUS postsurgical rehabilitative guidelines, 15 sessions of therapy for the claimant's current working diagnosis would not be indicated. While currently a surgical process is being recommended for adhesive capsulitis, there would be no indication for 15 sessions of physical therapy. Given the initial one-half rule of physical therapy in the postoperative setting, guideline criteria would only recommend the role of 12 initial sessions of physical therapy in the setting of an adhesive capsulitis procedure. The request for 15 sessions of therapy for a surgical process that has not yet occurred would not be indicated at this time.