

Case Number:	CM13-0056326		
Date Assigned:	12/30/2013	Date of Injury:	02/10/2011
Decision Date:	04/28/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Internal 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 claimant is a 59-year-old female with a date of injury on 2/10/11. She fell down eight stairs causing significant trauma and pain. She has had bilateral shoulder pain with right shoulder surgery on 6/10/13 with subacromial decompression, Mumford procedure, and labral debridement. She has also had lumbar pain and right lower extremity radiculitis, right greater than left hip bursitis, right greater than left knee pain, and right greater than left ankle sprain. The patient was doing well postoperatively and, based on notes, was doing standard physical therapy. However, the note dated 10/9/13 indicated an increase in pain and objective findings of increased symptoms. As such, more physical therapy was requested to address this issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The claimant had surgery on June 10, 2013; a standard physical therapy and rehabilitation protocol was employed. The note dated July 24, 2013 stated the patient was

improving slowly and had seven more physical therapy visits still authorized. The note dated August 14, 2013 stated that she was still improving, but had some weakness; the plan was for continued physical therapy. She completed physical therapy and was felt to be doing well post-operatively. However, a note on October 9, 2013 stated she had an increase in pain with objective findings on the exam, and a request for 8 more sessions of physical therapy was requested. The Postsurgical Treatment Guidelines state that in the event that the patient sustains an exacerbation related to the procedure performed after treatment has been discontinued and it is determined that more visits are medically necessary, physical medicine treatment shall be provided within the postsurgical physical medicine period; the postsurgical medicine period is 6 months in this instance. The guidelines have been met under these circumstances and the request is certified.