

Case Number:	CM13-0059899		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2011
Decision Date:	04/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic and Hand Surgery and is licensed to practice in Texas. 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 56 year old male who reported an injury on 08/10/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed with brachial neuritis, lumbosacral neuritis, and status post right shoulder arthroscopy. The patient was seen by [REDACTED] on 11/01/2013. The patient reported constant neck pain with radiation to bilateral upper extremities. Physical examination revealed very limited range of motion to the right shoulder with tenderness to palpation of the cervical and lumbar spine. Treatment recommendations included physical therapy twice per week for 6 weeks. It is noted that the patient underwent right shoulder arthroscopy with partial synovectomy, partial debridement, thermal repair of biceps tear, and subacromial decompression on 09/26/2013 by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Op 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 Official Disability Guidelines (ODG), Pain (Chronic)

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

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following impingement syndrome includes 24 visits over 14 weeks. The patient has previously participated in an unknown amount of physical therapy. Documentation of significant functional improvement was not provided. The patient reported 7/10 pain with limited range of motion on 10/24/2013. Without evidence of objective functional improvement, additional therapy cannot be determined as medically appropriate. Therefore, the request is non-certified.