

Case Number:	CM13-0062187		
Date Assigned:	12/30/2013	Date of Injury:	03/04/2013
Decision Date:	04/03/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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; Pain Management has a subspecialty in Interventional Spine 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 59-year-old male with date of injury of 03/04/2013. The listed diagnoses per [REDACTED] dated 10/31/2013 are: (1) Chronic right shoulder pain (2) Status post right shoulder arthroscopic surgery with debridement, biceps tenotomy, subacromial decompression, and distal clavicle resection, 08/06/2013 (3) Right cervical spine pain, status post fall (4) Coronary artery disease and hypertension, status post stent placement, June 2013. According to progress report dated 11/18/2013 by [REDACTED], the patient is status post right shoulder arthroscopy with intraarticular debridement, arthroscopic biceps tenotomy, subacromial decompression, distal clavicle resection, performed 08/06/2013. He is doing better. He has significant improved range of motion in his shoulders. He still reports some discomfort with overhead activities. He has not yet returned to work with his regular duties. He feels he would benefit for more therapy. Examination of the right shoulder shows healed arthroscopy incision. Active forward elevation is 175/180 degrees with only slight limitation relative to the opposite side. External rotation 70/90 degrees. Strength testing of the rotator cuff musculatures show 5-/5 strength with supraspinatus isolation and with external rotation against resistance. Subscapularis strength is normal. Distal neurovascular status is intact. The treater is requesting 8 additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the Right Shoulder:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter; Physical Therapy Guidelines

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

Decision rationale: This patient presents with chronic shoulder pain. The treater is requesting 8 additional physical therapy for the right shoulder. Utilization review dated 11/26/2013 denied the request stating that "there was lack of physical examination findings documented that would support the need to deviate further from guideline recommendations. First is transitioning to a self-directed home exercise program." MTUS Postsurgical Guidelines page 26, 27 for rotator cuff syndrome/impingement syndrome recommends 24 visits over 14 weeks. This patient is within the postop timeframe. Progress report dated 09/27/2013 by [REDACTED] documents the patient has received 8 physical therapy visits and is finishing 3 more for a total of 11. Review of reports from 04/08/2013 to 12/02/2013 do not show any recent physical therapy reports to verify the number of treatments received and what results have been accomplished. In this case, the treater is requesting 8 additional physical therapies when combined with the previous 11 is within MTUS Guidelines for postop rotator cuff syndrome/impingement syndrome. Therefore, the request is certified.