

Case Number:	CM13-0064353		
Date Assigned:	01/03/2014	Date of Injury:	10/26/2012
Decision Date:	08/26/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 57-year-old female who was reportedly injured on 10/26/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/30/2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination revealed cervical spine positive tenderness to palpation to the right paracervical with some spasm. And limited range of motion. Right shoulder range of motion was 110 with some pain and abduction 90. There was decreased internal and external rotation. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, and medications. A request was made for additional postoperative physical therapy for the right shoulder 2 times a week for 4 weeks #8 and was not certified in the pre-authorization process on 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE 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.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical Treatment Guidelines recommend postsurgical physical therapy for shoulders to include 24 visits over 14 weeks. After reviewing the medical records provided, it was noted the injured worker has completed 24 sessions postoperative therapy. The injured employee continued to use a shoulder pulley at home and has been using weights. The requested additional physical therapy visits exceeded postsurgical treatment guidelines. After reviewing the records, there was no determination of any significant clinical findings necessitating the need for additional therapy. At this point in time ,the injured worker can progress to a home exercise regimen to continue to make gains in muscle strength and range of motion. This request is deemed not medically necessary.