

Case Number:	CM13-0065008		
Date Assigned:	01/03/2014	Date of Injury:	10/21/2010
Decision Date:	04/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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, 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 62-year-old male who sustained a work-related injury on 10/21/10. He is status post left shoulder arthroscopic rotator cuff repair with dermal allograft reconstruction, biceps tenodesis, and arthroscopic revision subacromial decompression as of 3/5/13. Subjective complaints include pain and weakness in the right shoulder despite medications and physical therapy. Objective findings include restricted range of motion in the shoulder, tenderness of the upper trapezius, and inability to lift hand over head. Current diagnoses include pain in joint involving shoulder region, myalgia and myositis, opioid type dependence continuous use, and chronic pain syndrome, and treatment to date has included activity modification, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for additional physical therapy twice a week for six weeks for the left shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Postsurgical Treatment Guidelines support 24 physical therapy visits over 14 weeks for the postoperative management of impingement syndrome. Within the medical information available for review, there is documentation of diagnoses of pain in the joint involving shoulder region, myalgia and myositis, opioid type dependence continuous use, and chronic pain syndrome. In addition, there is documentation of status post left shoulder arthroscopic rotator cuff repair with dermal allograft reconstruction, biceps tenodesis, and arthroscopic revision subacromial decompression as of 3/5/13 and previous postoperative physical therapy completed. However, there is no documentation of the number of previous postoperative physical therapy sessions completed to determine if guidelines has already been exceeded or will be exceeded with the additional request. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy is not medically necessary.