

Case Number:	CM14-0003434		
Date Assigned:	01/31/2014	Date of Injury:	04/19/2009
Decision Date:	06/19/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational 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 patient has submitted a claim for stiffness of the right shoulder, associated with an industrial injury date of April 19, 2009. Treatment to date has included right total shoulder arthroplasty on 07/16/2013, physical therapy and injection therapy. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent stiffness of the right shoulder. Physical examination of the right shoulder revealed range of motion as 105 degrees in elevation, 10 degrees in external rotation, and 45 degrees in abduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER 3 X WEEK FOR 4 WEEKS:

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL GUIDELINES, SHOULDER DISORDERS,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to CA MTUS Postsurgical Treatment Guidelines, physical therapy for 24 visits over 10 weeks is recommended for status-post arthroplasty, shoulder. In this case, the patient had right total shoulder arthroplasty, dated 07/16/2013, and completed 12 visits

over 6 weeks of post-op physical therapy since 12/09/2013. Functional assessment of the patient after completion of postop physical therapy showed good progress, i.e., in terms of strength, and in performing activities at below shoulder level. Overall compliance was likewise excellent. The goal for continuing therapy is to enhance activities above shoulder level, and pushing / pulling motions. An extension of PT may be necessary due to significant ongoing objective functional gains. Therefore, the request for physical therapy for the right shoulder is medically necessary.