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| Case Number: | CM14-0005553 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 07/30/2012 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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 Preventive 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:

According to the records made available for review, this is a 49-year-old female with a 7/30/12 date of injury, and shoulder arthroscopy with decompression on 5/28/13. At the time (12/23/13) of request for authorization for additional physical therapy, two times per week for three weeks, there is documentation of subjective (overall improved bilateral shoulder pain) and objective (pain slight reproducible on the right with passive external rotation) findings, current diagnoses (right shoulder joint pain and history of arthroscopic shoulder surgery), and treatment to date (28 post-op physical therapy sessions certified to date).

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, TWO TIMES PER WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that

the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of right shoulder joint pain and history of arthroscopic shoulder surgery. In addition, there is documentation of status post shoulder arthroscopy with decompression on 5/28/13 and 28 post-op physical therapy sessions completed to date, which exceeds guidelines. Furthermore, given documentation of a 5/28/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy, two times per week for three weeks is not medically necessary.