

Case Number:	CM14-0005704		
Date Assigned:	02/07/2014	Date of Injury:	04/16/2012
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine & 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 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 44-year-old female with an April 16, 2012 date of injury. At the time (12/9/13) of request for authorization for post-op physical therapy 3 x 6, there is documentation of subjective (ongoing right shoulder pain with limitation of motion) and objective (tenderness to palpation over the acromioclavicular joint, subacromial region and long head of the biceps of the right shoulder, positive impingement testing and anterior cross-arm testing, decreased right shoulder range of motion, and decreased strength with abduction) findings, current diagnoses (persistent impingement syndrome of the right shoulder with internal derange of acromioclavicular joint and calcific tendinitis), and treatment to date (physical therapy, injections, and medications). In addition, medical report plan identifies right shoulder open decompression, Mumford procedure and rotator cuff repair with certification of the procedure on December 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY 3 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The 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, 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 persistent impingement syndrome of the right shoulder with internal derange of acromioclavicular joint and calcific tendinitis. In addition, there is documentation of a pending right shoulder surgery that has been certified/authorized. However, the proposed number of postoperative physical therapy sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.