

Case Number:	CM14-0106269		
Date Assigned:	07/30/2014	Date of Injury:	08/04/2010
Decision Date:	10/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/09/2014

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 Orthopedic Surgery 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:

This 45-year-old female sustained an industrial injury on 8/4/10. The mechanism of injury was not documented. The patient underwent right shoulder arthroscopic decompression, revision distal clavicle resection, and lysis of adhesions on 2/6/14. She completed 24 post-op physical therapy sessions. The 5/12/14 treating physician report indicated the patient was 3 months post-op with excellent wound healing and no signs of infection. Range of motion was 0-155 degrees of active forward flexion and abduction. The patient had normal sensory and vascular exam, with slight asymmetry of the scapulothoracic articulation. There was point tenderness to palpation over the anterolateral subacromial region and over the medial border of the scapula. The treatment plan recommended additional physical therapy two times per week for 3 weeks, and then one time per week for 3 weeks (total 9 visits). Return to work was anticipated in 6 weeks. The 6/6/14 utilization review denied the request for additional post-op physical therapy as there was no indication why she was unable to continue her rehabilitation with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 x 3 and 1 x 3 to Right Shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rotator cuff syndrome/Impingement syndrome

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for Impingement syndrome suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Guideline criteria have not been met. The patient has completed the general course of post-op care with nearly full range of motion and no specific strength deficit reported. There is no compelling reason to support the medical necessity of additional supervised therapy over an independent home exercise program. Therefore, this request is not medically necessary.