

Case Number:	CM14-0010835		
Date Assigned:	02/21/2014	Date of Injury:	03/25/2005
Decision Date:	07/14/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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:

As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient underwent right shoulder arthroplasty in 2009 and completed her post-operative physical therapy sessions. Patient was status quo until July 2013 when there was exacerbation of symptoms. Patient completed 12 PT sessions until August 2013. Patient noted significant improvement; however, the rationale for extending therapy is to promote range of motion and strength. However, recent progress reports failed to provide documentation concerning activity limitations at present. Moreover, the patient should be well-versed with a home exercise program given the extensive amount of PT sessions she had attended. Therefore, the request for ADDITIONAL POST OPERATIVE PHYSICAL THERAPY 2 X 6 RIGHT SHOULDER is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OPERATIVE PHYSICAL THERAPY 2 X 6 RIGHT SHOULDER:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient underwent right shoulder arthroplasty in 2009 and completed her post-operative physical therapy sessions. Patient was status quo until July 2013 when there was exacerbation of symptoms. Patient completed 12 PT sessions until August 2013. Patient noted significant improvement, however, the rationale for extending therapy is to promote range of motion and strength. However, recent progress reports failed to provide documentation concerning activity limitations at present. Moreover, the patient should be well-versed with a home exercise program given the extensive amount of PT sessions she had attended. Therefore, the request for ADDITIONAL POST OPERATIVE PHYSICAL THERAPY 2 X 6 RIGHT SHOULDER is not medically necessary.