

Case Number:	CM14-0011902		
Date Assigned:	02/21/2014	Date of Injury:	09/27/2006
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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, has a subspecialty in Interventional Spine 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 is a 46-year-old male who was injured on 9/27/2006. He underwent right shoulder excision of the proximal right clavicle on 8/28/13, for right shoulder sternoclavicular arthrosis. According to the 1/3/14 orthopedic report, the patient has been making progress with physical therapy. The pain levels were tolerable, but the strength could be improved. The surgeon recommended additional physical therapy 3 times per week for 4 weeks. On 1/23/14, UR notes the patient had 17/24 physical therapy visits, and modified the request to allow 6 sessions for a total of 30 visits to match the MTUS postsurgical general course of care for open rotator cuff repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE RIGHT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with right shoulder weakness and discomfort following a proximal clavicle excision on 8/28/13 for sternoclavicular arthrosis. The patient was still within

the 6-month postsurgical physical medicine treatment timeframe on 1/3/14 when the surgeon requested additional physical therapy 3 times per week for 4 weeks. The patient was reported to have had 24 post-surgical sessions approved, and had shown reduction in pain, improved motion, but there was still room for improvement regarding strength. The general course of care for postsurgical treatment of shoulder arthritis is 24 sessions. However, MTUS states: "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." The surgeon and physical therapist believe that further improvement in strength can be accomplished. The request for additional physical therapy 3 times per week for 4 weeks appears to be in accordance with the MTUS postsurgical treatment guidelines.