

Case Number:	CM14-0012028		
Date Assigned:	02/21/2014	Date of Injury:	04/24/2012
Decision Date:	07/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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:

The patient is a 44-year-old male who has submitted a claim for right shoulder impingement/tendinosis/bursitis status post right shoulder surgery and right shoulder sprain/strain associated with an industrial injury date of 04/24/2012. Medical records from 07/30/2012 to 03/11/2014 were reviewed and showed that patient complained of sharp, intermittent right shoulder pain graded 3/10. There was no radiation associated with the pain. Physical examination revealed tenderness to palpation over right shoulder without muscle spasm. There was limitation of right shoulder ROM in all planes of movement. Treatment to date has included right shoulder arthroscopy for subacromial decompression, distal clavicle resection and bursectomy (09/04/13), acupuncture, physical therapy, and pain medications. Utilization review, dated 01/13/2014, denied the request for eight sessions of physical therapy because there was no indication as to why supervised therapy was required for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. According to CA MTUS Post-surgical Treatment Guidelines, "initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. The recommended number of post-operative physical therapy visits for shoulder impingement/rotator cuff is 24 visits over 14 weeks. In this case, the patient has already undergone unspecified numerous visits of post-operative physical therapy. There was no documentation of functional improvement, objective evidence suggesting acute exacerbation, or discussion addressing the need for additional post-operative physical therapy. In addition, the number of requested visits was not specified. Therefore, the request for POST OP PHYSICAL THERAPY RIGHT SHOULDER is not medically necessary.