

Case Number:	CM14-0014587		
Date Assigned:	02/28/2014	Date of Injury:	11/14/2010
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 54-year-old female with a November 14, 2010 date of injury. At the time (January 28, 2014) of request for authorization for post-op physical therapy two times a week for six weeks right shoulder, there is documentation of subjective (shoulder pain greater on the right; shoulder pain worsened with overhead lifting and strenuous activities) and objective (RUE comfortable through passive ROM) findings, current diagnosis (right shoulder rotator cuff tendonitis/bursitis), and treatment to date (medications and right shoulder subacromial injection). The August 3, 2013 medical report identifies a request for right shoulder arthroscopy to be followed by appropriate post-operative physical therapy. There is no documentation of a pending right shoulder surgery that has been certified/authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

POT OP PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, CHAPTER SHOULDER, PAGE 27

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: The California MTUS 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, the guideline 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. The California 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 right shoulder rotator cuff tendonitis/bursitis. In addition, there is documentation of a request for a right shoulder arthroscopy to be followed by appropriate post-operative physical therapy. There is no documentation of a pending right shoulder surgery that has been certified/authorized. The request is not medically necessary.