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| Case Number: | CM14-0017463 | | |
| Date Assigned: | 04/14/2014 | Date of Injury: | 09/12/2013 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 02/01/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

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 Illinois. 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 injured worker is a 33-year-old female who reported an injury on 09/12/2013 after trying to catch a falling box. The injured worker reportedly sustained an injury to her right shoulder. The injured worker was evaluated on 12/19/2013. It was documented that she had continued right shoulder pain and that surgical intervention had previously been recommended. The evaluation of the right shoulder documented restricted range of motion described as 90 degrees in flexion, 40 degrees in extension, 100 degrees in abduction, 40 degrees in adduction, 45 degrees in external rotation, and 45 degrees in external rotation with tenderness to palpation in the trapezius and parascapular musculature. The injured worker had 4/5 strength of the right arm and a positive impingement sign of the right arm. The injured worker's diagnoses included right shoulder rotator cuff syndrome, subacromial impingement, and rotator cuff tendinitis. It was determined that the injured worker was not a surgical candidate, as they had not received any conservative treatment to include corticosteroid injections or physical therapy. Additionally, it was documented that the injured worker did not have clear imaging findings to support surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF POST OPERATIVE PHYSICAL THERAPY TO THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The MTUS Postsurgical Guidelines does support the use of physical therapy in the post surgical management of an injured worker's pain and limitations related to surgical intervention. However, the clinical documentation submitted for review does not clearly indicate that the injured worker has undergone any surgical intervention. Therefore, postoperative physical therapy would not apply. As such, the requested 8 sessions of postoperative physical therapy to the right shoulder are not medically necessary or appropriate.