

Case Number:	CM14-0018443		
Date Assigned:	04/18/2014	Date of Injury:	06/16/2010
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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:

According to the records made available for review, this is a 59-year-old male with a 6/16/10 date of injury and status post right shoulder subacromial decompression 9/26/13. At the time (1/8/14) of the request for authorization for eight (8) sessions of physical therapy for the right shoulder, there is documentation of subjective (slow but gradual progressive improvement of the right shoulder and continued pain) and objective (diffuse tenderness to palpation over the anterior shoulder capsule about the bicipital groove, subacromial space, glenohumeral and acromioclavicular joints; tenderness over the supraspinatus fossa, subscapularis muscle and teres muscles; palpable trigger points over the upper trapezius bundles; restricted range of motion; and 3/5 weakness of the adductor and flexor group with all over ones being 4/5) findings, current diagnoses (status post right shoulder subacromial decompression), and treatment to date (12 physical therapy sessions with some progress).

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT SHOULDER:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Post-Surgical 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, MTUS Postsurgical Treatment Guidelines 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. 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 status post right shoulder subacromial decompression. In addition, there is documentation that the right shoulder subacromial decompression took place on 9/26/13. Furthermore, there is documentation of functional improvement with previous postoperative physical therapy x12. Therefore, based on guidelines and a review of the evidence, the request for eight (8) sessions of physical therapy for the right shoulder is medically necessary.