

Case Number:	CM14-0111177		
Date Assigned:	09/16/2014	Date of Injury:	05/15/2013
Decision Date:	10/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/16/2014

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 and Rehabilitation and Pain 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 injured worker is a 47-year-old male who was reportedly injured on 05/15/2013. The mechanism of injury is noted as a cumulative injury stemming from repetitive work. There was no clinical data available; however the prior utilization review determination stated treatment has included therapy and acupuncture. Magnetic resonance image of the shoulder dated 08/12/2013, detailed high grade partial-thickness tear. On 11/1//2013 right shoulder arthroscopy, decompression superior labral repair with open subpectoral biceps tenodesis was performed. Postoperative adhesive capsulitis was noted. Subacromial injection was performed on 03/27/2014. An evaluation performed on 03/27/2014 details pain 3-7/10. Objectively, glenohumeral abduction 45 degrees, external rotation 20 degrees. Cortisone injection was performed into the glenohumeral joint. Reevaluation on 05/15/2014 details use of dynamic splinting. Pain rated at this time was 3/10. Clinical exam details abduction external rotation 15 degrees with evidence of Popeye deformity of the biceps. Impingement test was negative. Provocative test was negative. Full passive glenohumeral motion was felt to be present. A request was made for physical therapy two sessions per week for six weeks for the right shoulder, total of twelve sessions and was not certified on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two sessions per week for six weeks for the right shoulder, total of twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

Decision rationale: There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy may exceed the guidelines recommendation, depending on the number of previous physical therapy visits. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.