

Case Number:	CM14-0129399		
Date Assigned:	09/05/2014	Date of Injury:	11/12/2006
Decision Date:	09/25/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/14/2014

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 Orthopedic Surgeon and is licensed to practice in New York. 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 43-year-old right-hand-dominant female who has bilateral shoulder pain. She has had conservative measures to include physical therapy, cortisone injections anti-inflammatory medications and rest. She continues to have shoulder pain. MRI of the right shoulder in 2012 showed subacromial impingement with tendinitis. There is no evidence of full-thickness rotator cuff tear. A.c. (Acromioclavicular) joint degeneration was noted. Ultrasound of the right shoulder revealed A.c. (Acromioclavicular) joint degeneration and partial thickness rotator cuff tear. On physical examination patient has excellent range of motion of the shoulder. There is some tenderness at the A.c. (Acromioclavicular) joint. There is tenderness to by shoulder palpation. There is no evidence of instability. Muscle strength is diminished in both arms. The patient has been indicated for surgery. At issue is whether postoperative physical therapy 2 times a week for 4 weeks then 1 time a week for 4 weeks is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operation Physical Therapy for the right shoulder 2 times a week for 4 weeks then 1 time a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Op.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.
Decision based on Non-MTUS Citation ODG Shoulder and Elbow Chapter.

Decision rationale: This patient has had multiple conservative measures for shoulder pain. The medical records indicate that the patient has had physical therapy preoperatively and cortisone injection. MRI shows rotator cuff pathology and degeneration the shoulder. Criteria for shoulder surgery are met. 8 weeks of physical therapy after shoulder surgery is supported by guidelines. The requested regimen of 2 times a week for 4 weeks and 1 time a week for 4 weeks for a total of 8 weeks of therapy is appropriate after shoulder surgery. Physical therapy should be approved. Criteria for shoulder physical therapy postoperatively met. Therefore, the request of Post-Operative Physical Therapy for the right shoulder 2 times a week for 4 weeks then 1 time a week for 4 weeks is medically necessary and appropriate.