

Case Number:	CM14-0146456		
Date Assigned:	09/12/2014	Date of Injury:	05/20/2013
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with a date of injury of 05/20/2013. The listed diagnosis per [REDACTED] is right shoulder pain. According to progress report 08/15/2014, the patient continues with severe shoulder pain with decreased range of motion on all planes with both passive and active motion. Examination revealed restricted ROM with pain and positive Speed's and Yergason's test. There was palpable tenderness noted in the right shoulder. The patient is status post RTC repair in September 2013 and Mumford procedure on February 2014. The provider is requesting authorization for 8 additional physiotherapy sessions. Utilization review denied the request on 08/22/2014. Treatment reports from 03/05/2014 through 08/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times 8 sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Postsurgical Guidelines additional physical therapy Page(s): 26 and 27.

Decision rationale: This patient is status post Mumford procedure from February 2014 and continues with right shoulder pain and tenderness. The provider is requesting additional physical

therapy sessions for the right shoulder. Although MTUS Postsurgical Guidelines do not specifically provide recommendation following Mumford procedure, it does have the following discussion regarding Shoulder arthroscopic surgery, the MTUS Postsurgical Guidelines on page 26 and 27 recommends 24 visits over 14 weeks for arthroscopic surgery. Review of physical therapy reports indicates that the patient received 32 postoperative treatments thus far. Physical therapy report from [REDACTED] indicates that the patient reports physical therapy is "helping with increased ROM but pain has not changed." In this case, it appears that physical therapy sessions has been improving patient's range of motion but the provider does not discuss why the patient will not be able to transition into a self-directed home exercise program. Furthermore, the provider's request for 8 additional sessions with the 32 already received exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.