

Case Number:	CM14-0150136		
Date Assigned:	09/19/2014	Date of Injury:	08/23/2009
Decision Date:	11/18/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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, 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 59 year old with an injury date on 8/23/09. Patient complains of improving right shoulder pain with tightness in right trapezius per 8/22/14 report. Patient is doing home exercise program as well as recently begun physical therapy, number of sessions unspecified and effectiveness not mentioned per 8/22/14 report. Based on the 8/22/14 progress report provided by [REDACTED] the diagnoses are: 1. right shoulder impingement syndrome; 2. rotator cuff tendinosis; 3. s/p (status post) right shoulder arthroscopy. Exam on 8/22/14 showed "decreased right shoulder range of motion, with pain increased on abduction (80 degrees)." Patient's treatment history includes physical therapy and Norco/Menthoderm. [REDACTED] is requesting physical therapy 3 times a week for 4 weeks for the right shoulder, post-op therapy. The utilization review determination being challenged is dated 9/3/14 and denies request due to lack of documentation of functional improvement and inadequate physical therapy notes. [REDACTED] is the requesting provider, and he provided treatment reports from 1/28/14 to 8/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 4 Weeks for The Right Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient presents with right shoulder pain and is s/p right shoulder arthroscopic debridement of rotator cuff, subacromial decompression from 7/2/14. The treating physician has asked for physical therapy 3 times a week for 4 weeks for the right shoulder, post-op therapy on 8/22/14. MTUS guidelines state for rotator cuff syndrome/Impingement syndrome and arthroscopic shoulder surgery, post surgical treatment of 24 visits over 14 weeks is recommended over a treatment period of 6 months. In this case, the patient has already been certified for 12 post-operative physical therapy visits per 9/3/14 utilization review letter. As the patient has completed 12 visits of physical therapy, and the requested 12 additional physical therapy for the right shoulder seems reasonable and within MTUS guidelines. Recommendation is for authorization.