

Case Number:	CM14-0180422		
Date Assigned:	11/05/2014	Date of Injury:	03/26/2013
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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 Surgery and Hand Surgery and is licensed to practice in Texas. 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 25-year-old female with reported date of injury on 03/23/2013. The mechanism of injury was not stated. The injured worker was diagnosed with status post right shoulder arthroscopy with labral repair on 09/02/2014. No past treatments were indicated. On 09/09/2014, she presented with complaints of right shoulder pain and limited range of motion. Upon physical examination of the right shoulder, the injured worker had a positive Neer's test and a positive Hawkin's test. According to the documentation submitted, she received physical therapy between 10/07/2014 and 11/21/2014. Her medications included Norco. No treatment plan was included. A request for associated surgical service: 12 physical therapy, 2x6 of the right shoulder was submitted. The provider recommended physical therapy to strengthen her right shoulder, increase her range of motion, return the injured worker to her prior level of function, and increase the injured worker's endurance so she would be able to safely return to work. The request for authorization dated 10/03/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 12 Physical Therapy, 2x6, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker had a right shoulder arthroscopy with labral repair on 09/02/2014. The California MTUS Guidelines recommend up to 24 sessions of physical therapy over 14 weeks for post-surgical treatment of rotator cuff syndrome and impingement syndrome. The guidelines recommend the initial course of treatment be one half the number of specified visits. Therefore, an appropriate initial course would consist of 12 visits of physical therapy. According to the documentation the injured worker received an unspecified number of sessions of physical therapy between 10/07/2014 and 11/21/2014; clarification is needed regarding the number of physical therapy sessions completed. There is no evidence that the prior physical therapy resulted in a significant functional gain or a decrease in pain. Additionally, there is a lack of documentation demonstrating the injured worker has remaining significant objective functional deficits. There is an absence of documentation to support the request for continued physical therapy. As such, the request for associated surgical service of 12 physical therapy 2x6 of the right shoulder is not medically necessary.