

Case Number:	CM14-0182371		
Date Assigned:	11/07/2014	Date of Injury:	06/30/2008
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 is licensed to practice in Minnesota. 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 63 year old male with right shoulder impingement. The date of industrial injury is 6/30/2008. He has had a cervical fusion in 2009 and low back surgery in 1985. There is a history of neck pain, right shoulder pain, right arm pain, low back pain and right leg pain. He has numbness and tingling in the fourth and fifth fingers bilaterally. There is impingement in the right shoulder but no rotator cuff tear is documented. MRI report is not submitted. A surgical request for arthroscopic evaluation of the right shoulder with subacromial decompression and possible distal clavicle resection is noted. The disputed issue pertains to post-operative physical therapy for the right shoulder. The date of surgery is not provided and the request does not mention if the worker has had any physical therapy. The request as stated does not specify the number of physical therapy visits requested. UR denial was for lack of information necessary to make a determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Postoperative physical therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11, 27.

Decision rationale: The post-surgical physical treatment for impingement syndrome is 24 visits over 14 weeks. The post-surgical physical medicine treatment period is 6 months. The guidelines indicate an initial period of therapy of 12 visits. After completion of these 12 visits if functional improvement is documented a subsequent course of therapy may be prescribed within the above parameters. This may be further extended if it is determined that additional functional improvement is expected. The request as stated does not specify the number of visits and as such is not appropriate or medically necessary.