

Case Number:	CM14-0020183		
Date Assigned:	04/28/2014	Date of Injury:	03/01/2003
Decision Date:	07/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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:

██████████ is a 70-year-old female who was injured in a work related accident on 03/01/03 injuring the right shoulder. Operative report from review of 08/21/13 gave the claimant a preoperative diagnosis of a right shoulder rotator cuff tear and impingement. Surgical process was a right shoulder arthroscopy, subacromial decompression, and an open rotator cuff repair. Postoperative clinical records include documentation of 25 prior physical therapy sessions as of December 2013. Postoperative follow-up of 12/12/13 showed the claimant to be improving with continued weakness with physical examination showing improved passive range of motion with rotator cuff power intact, but with weakness compared to the opposite side. An additional twelve sessions of physical therapy were recommended for further strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 98-99.

Decision rationale: The claimant is improving at last clinical assessment with continued weakness noted about the shoulder consistent with her recent surgery. It is noted she has undergone 25 sessions of formal therapy since the time of operative intervention. Guidelines would support the role of up to 24 visits over a 14 week period of time. The request for Twelve additional sessions are not medically necessary and appropriate.