

Case Number:	CM14-0021391		
Date Assigned:	05/07/2014	Date of Injury:	10/12/2007
Decision Date:	07/09/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/20/2014

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 55 year-old female who was injured on 10/12/2007. She has been diagnosed with rotator cuff sprain; adhesive capsulitis of shoulder; and other conditions affecting the shoulder region. According to the 2/11/14 report from [REDACTED], the patient had left knee surgery on 6/19/12 and a shoulder surgery on 12/1/2011, a left shoulder surgery on 9/15/08 and the most recent surgery was on the right shoulder on 10/1/13 for subacromial impingement with internal rotation contracture. She had capsular release and debridement. [REDACTED] requested additional PT 2x5, and this was denied by UR on 2/18/14. UR reports the patient had 32 sessions of post-operative PT to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2 X 5 ON THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with right shoulder pain after undergoing a revision surgery on 10/1/13 for impingement and internal rotation contracture. On 2/11/14, the physician requested additional post-operative PT 2x5. A review of the records show that a week after the

surgery on 10/8/13, the patient had 150 degs flexion and 70 degs abduction by 11/19/13, forward flexion was at 170 degs, and abduction improved to 110 degs. By 1/3/14, flexion and abduction were at 180 degs. But by 2/11/14 she had 150 degs flexion and 140 degrees abduction. She was reported to be going through PT 2x/week when she lost 30 degrees of flexion and abduction. There was no reporting of an exacerbation and no rationale for the decrease in progress. MTUS states: "In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period" MTUS requires discontinuation of treatment if there is no functional improvement demonstrated. The recent reporting shows worsening of ROM. The request for continued PT within the postsurgical physical medicine treatment timeframe without functional improvement is not in accordance with MTUS guidelines.