

Case Number:	CM14-0023750		
Date Assigned:	06/11/2014	Date of Injury:	02/25/2013
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Medicine and is licensed to practice in Arizona. 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 49 year old male with a date of injury on February 25, 2013. The patient's diagnosis included right rotator cuff syndrome, and right shoulder dislocation and underwent right shoulder surgery on September 19, 2013. Subjective complaints are of right shoulder pain, with instability, stiffness and swelling. The physical exam shows some diffuse tenderness over anterior bicipital groove. The strength is intact and active range of motion is 10 degrees forward flexion, 0 degree external rotation, and internal rotation to T10. There is a positive anterior apprehension sign, and positive O'Brien's compression test. X-ray of right shoulder showed no fracture, and well maintained glenohumeral joint space. The patient had previously completed 24 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 16 PHYSICAL THERAPY SESSIONS /EE HAS COMPLETED 24 POST OP VISITS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SHOULDER , PHYSICAL THERAPY.

Decision rationale: The ODG recommends to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. The ODG recommends up to 24 visits over 14 weeks status post rotator cuff or dislocation surgery. This patient has had 24 prior sessions of physical therapy. The office notes indicate a good range of motion and strength. There is no submitted documentation as to why patient could not continue with a home based exercise program. The request for 16 additional physical therapy sessions exceeds guideline recommendations, and is therefore not medically necessary.