

Case Number:	CM14-0024399		
Date Assigned:	06/11/2014	Date of Injury:	04/21/2013
Decision Date:	07/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Surgery 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 45 year old female with an injury date on 04/21/2013. Based on the 01/06/2014 progress report provided by [REDACTED], the patient presents with sharp pain inside the right shoulder joint. The listed diagnoses are: Status post right shoulder arthroscopy on 07/24/2013, with residual shoulder pain and weakness, cervical spine sprain/strain, right lateral elbow tendinitis and right wrist sprain/strain. [REDACTED] is requesting continued physical therapy 1 time a week for 4 weeks to the right shoulder to help strengthen the patient's muscle. The utilization review determination being challenged is dated 01/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/10/2013 to 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY X 4, RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Based on a 01/06/2014 report by [REDACTED], the patient presents with sharp pain inside the right shoulder joint that is slowly improving. The patient is status post shoulder surgery from 7/24/13. The provider has asked for 4 additional sessions of physical therapy. Examination from this report states, "range of motion[s] are significantly improved since the last visit. Manual muscle testing also reveals an increase in strength with the rotator cuff group testing currently 4/5." Regarding post-operative physical therapy MTUS guidelines page 26 and 27 allow 24 visits over 14 weeks following rotator cuff syndrome/Impingement arthroscopic repair. Review of the reports indicates that the patient has had 11 sessions of physical therapy. No therapy reports were available to verify this information. Given that the patient is within the post-operative time-frame, additional 4 sessions of therapy appear reasonable. Recommendation for request has been determined to be medically necessary.