

Case Number:	CM14-0029268		
Date Assigned:	06/20/2014	Date of Injury:	04/08/2010
Decision Date:	08/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/07/2014

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 Pain Medicine, and is licensed to practice in Texas. 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 27-year-old who sustained an injury to her right shoulder on April 8, 2010. The mechanism of injury was not documented. An operative/procedure report dated November 20, 2013 noted that the injured worker underwent diagnostic arthroscopy, mild intra-articular debridement, open acromioplasty, coracoacromial ligament resection and rotator cuff exploration under direct vision. It was noted that the injured worker has completed at least 20 physical therapy visits; however, it is unclear if they were post-operative or pre-operative. The progress report dated December 6, 2013 reported that the injured worker continued to have complaints of ongoing pain over the right shoulder. Physical examination noted decreased pain/inflammation; increased flexibility/endurance. The injured worker was prescribed Ultracet for pain and it was noted that she had completed 5/12 authorized post-operative physical therapy visits. She was recommended to continue formal physical therapy with emphasis to the right shoulder twice a week times 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional physical therapy sessions to the right shoulder: Upheld

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

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

Decision rationale: After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for twelve additional physical therapy visits to the right shoulder is not medically necessary or appropriate.