

Case Number:	CM14-0029995		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2011
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/10/2014

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 Rehabilitation & Pain Management 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 44-year-old female with a date of injury of 04/18/2011. The listed diagnoses per [REDACTED] are: 1. Right shoulder impingement syndrome. 2. Calcific tendonitis, right shoulder. 3. Acromioclavicular joint arthritis, right shoulder. 4. Lateral epicondylitis. According to progress report 01/24/2014 by [REDACTED], this patient is status post right shoulder arthroscopy with subacromial decompression on 08/27/2013 and continues with some decreased strength and tenderness. Examination of the shoulders showed good range of motion with mild restriction compared with the left. She has poor strength and considerable tenderness throughout the shoulder. Treater states the patient "has only had 7 or 8 physical therapy visits since surgery." she has about 4 more remaining under the current authorization and would like to request additional 6 visits. Utilization review denied the request on 2/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 6 sessions for right shoulder.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Practice Guidelines; second edition 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, section shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical MedicinePHYSICAL MEDICINE Page(s): 98, 99.

Decision rationale: This patient is status post right shoulder arthroscopy with subacromial decompression on 08/27/2013 and continues with decreased strength and some tenderness. The treating physician notes the patient has had 7 to 8 physical therapy sessions following the surgery and currently has 4 pending that she needs to complete. He is requesting additional 6 sessions for the right shoulder to address her residual complaints. The MTUS Postsurgical treatment for arthroscopic surgery is 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months. In this case, MTUS allow for 24 post operative visits. The patient has had 7-8 sessions thus far. The request is medically necessary.