

Case Number:	CM14-0033403		
Date Assigned:	07/16/2014	Date of Injury:	09/27/2012
Decision Date:	08/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/17/2014

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 Neurological 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 records, presented for review, indicate that this 45 year old male was reportedly injured on September 27, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 17, 2014, stated that the injured employee was making slow steady progress after his right shoulder surgery. It was stated that the injured employee was authorized to an additional twelve sessions of physical therapy. The physical examination demonstrated range of motion from 0 to 140 with forward flexion and abduction. There was internal rotation to the level of the sacroiliac joint, and muscle strength was rated at 4/5. Previous treatment included right shoulder surgery on October 4, 2013 for a rotator cuff repair, subacromial decompression, bursectomy, synovectomy, chondroplasty, debridement, Mumford procedure, and biceps tenodesis as well as postoperative physical therapy. A request was made for work hardening for twelve visits for the right shoulder and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening physical therapy (PT) 2 times 6 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical therapy guidelines.

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, Updated July 29, 2014.

Decision rationale: The Official Disability Guidelines recommends twenty four visits of physical therapy for postsurgical treatment of rotator cuff syndrome and impingement syndrome. According to the progress note, the injured employee has already participated in twenty one sessions of postoperative physical therapy, and a progress note, dated February 17, 2014, stated the injured was authorized an additional twelve visits for a total of thirty three visits of postoperative physical therapy. It is unclear why there is yet twelve more sessions of work hardening requested when the injured employee has yet to finish his existing physical therapy and have its efficacy evaluated. For this reason, this request for twelve visits of work hardening for the right shoulder is not medically necessary.