

Case Number:	CM14-0049920		
Date Assigned:	07/07/2014	Date of Injury:	08/14/2012
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/17/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 44-year-old male who reported an injury on 08/14/2012 after he was crushed in a hydraulic press machine. The injured worker reportedly sustained an injury to his right shoulder. The injured worker's treatment history included physical therapy and medications. The injured worker ultimately underwent a right shoulder arthroscopic SLAP repair and subacromial decompression in 02/2013. This was followed by postoperative physical therapy. The injured worker was evaluated on 02/26/2014. It was noted that the injured worker had persistent shoulder complaints after completing 2 sessions of physical therapy. It was noted that the injured worker had increased pain with overhead activities and a clicking sensation. Physical findings included range of motion described as 0 to 150 degrees in forward flexion to abduction with 80 degrees in external rotation, limited by pain, and 50 degrees in internal rotation. It was noted that the injured worker had mild to moderate pain with range of motion and a mild impingement sign. A request was made for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of post-op physical therapy (3 x 4 weeks) for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The requested 12 sessions of postoperative physical therapy 3 times a week for 4 weeks for the right shoulder is not medically necessary or appropriate. The request is for postoperative physical therapy. However, the injured worker has not had a surgical intervention in over a year. The California Medical Treatment Utilization Schedule recommends postsurgical treatment within 6 months of the surgical intervention. Therefore, the requested postoperative treatment would be outside of those recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. Additionally, the California Medical Treatment Utilization Schedule recommends that injured workers with myofascial or neuropathic pain receive up to 10 visits of physical therapy. The request also exceeds this recommendation. As such, the requested 12 sessions of postoperative physical therapy (3 times a week for 4 weeks) for the right shoulder is not medically necessary or appropriate.