

Case Number:	CM14-0065820		
Date Assigned:	07/14/2014	Date of Injury:	05/29/2011
Decision Date:	09/16/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 69 year old male with an injury date of 05/29/11. Based on the 01/06/14 progress report, the patient complains of pain and stiffness in his right shoulder. The 02/19/14 report states "Examination of the right shoulder reveals elevation to 60 degrees, external rotation of 30 degrees, and internal rotation to the belt. He has weakness in elevation which is significant." The patient's diagnoses include the following: sprain/strain lateral coll lig 08/27/13, and sprain/strain rotator cuff 10/21/13. The provider is requesting, for an initial 12 post-operative physical therapy (3 times per week for 4 weeks). The utilization review determination being challenged is dated 02/19/14. Four treatment reports were provided from 10/22/13, 12/02/13, 01/06/14, 02/19/14. These reports reported the same objective and subjective pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 12 post-operative physical therapy (3 times per week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Shoulder-Manipulation under anesthesia, Continuous passive motion, Continuous-flow cryotherapy; Knee-Game Ready.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Post-surgical Page(s): 26-27.

Decision rationale: According to the 04/12/14 utilization review (UR) letter, there is mention of a 03/31/14 physical progress note that this patient presents "with stiffness in the right arm and is unable to raise the arm normally." This patient is also recovering from right shoulder arthroscopic rotator cuff repair on 10/18/13. The provider is requesting, "initial 12 post-operative physical therapy (three times a week for four weeks) for the right shoulder." MTUS post-surgical guidelines for the shoulder, pages 26-27, recommend 24 visits over 14 weeks during the six month period. The 04/12/14 UR letter notes "indicated the claimant attended approximately 30 post-operative physical therapy (PT) sessions," indicating this patient had already received "initial post-operative physical therapy treatment." Also, the "30 post-operative" sessions exceed the MTUS guidelines of 24. Additionally, there is no documentation (physician's progress notes or physical therapy evaluations) were submitted, documenting the lack of functional improvement, or need for more sessions. At this time, determination is not medically necessary.