

Case Number:	CM14-0066542		
Date Assigned:	07/11/2014	Date of Injury:	11/22/2013
Decision Date:	09/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 Nevada. 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 62-year-old male was reportedly injured on 11/22/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 5/22/2014, indicated that there were ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder positive tenderness to palpation of the anterior shoulder. Range of motion was forward flexion 90, abduction 90, internal rotation 80, external rotation 90, extension 20, and adduction 20. Muscle strength was 5/5. Positive Empty can test, impingement sign, Hawkins sign, Neers sign, bicep compression test, active compression test, biceps load test, cross arm adduction test, and Speed's test. Diagnostic imaging studies included x-rays of the right shoulder, dated 3/27/2014, which revealed 3 (hooked) acromion, AC joint arthritis, and bone spur a greater tuberosity. Previous treatment included physical therapy #12 sessions, surgery, medications, and conservative treatment. A request had been made for postoperative therapy for the right shoulder 2 times a week for 6 weeks #12 and was not medically necessary on 4/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy 2 x Week X6 Weeks for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical treatment guidelines recommend, 24 visits of physical therapy over a four-week timeframe after arthroscopic surgery. After review of the medical records provided, it is noted the injured worker has attended 12 visits of physical therapy at this time. The treating physician is recommending an additional 12 visits; however, there is no documentation showing improvement in function or decrease in pain with the previous 12 sessions of physical therapy. Therefore, this request is deemed not medically necessary at this time.