

Case Number:	CM14-0074312		
Date Assigned:	07/16/2014	Date of Injury:	03/04/2013
Decision Date:	09/24/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/22/2014

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 and Rehabilitation and is licensed to practice in Louisiana. 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 36 year old male who was injured on 03/04/2013. The mechanism of injury is not known. Prior treatment history included 24 sessions of physical therapy. The patient underwent a right shoulder arthroscopy; glenohumeral joint debridement including labrum, synovium, and the rotator cuff; and subacromial decompression/bursectomy on 09/19/2013. Progress report 01/20/2014 states the patient complained of right shoulder pain that is sharp in nature. He rated his pain as 3/10 at its best and 5/10 at its worst. The patient also reported stiffness of the right shoulder with reduced range of motion. His pain is alleviated by medication, rest and therapy. On exam, there is mild tenderness over the lateral acromion of the right shoulder. Rotator cuff testing revealed mild giveaway weakness of the right shoulder. Shoulder range of motion revealed flexion to 135 degrees on the right and 180 on the left; extension to 20 on the right and 60 on the right; abduction to 160 on the right and 180 on the left; adduction to 40 degrees on the right and 50 degrees on the left; internal rotation to 50 degrees on the right and 90 degrees on the left; and external rotation to 80 degrees on the right and 85 degrees on the left. The patient is diagnosed with bilateral shoulder strain and partial thickness rotator cuff tear, right shoulder, status post arthroscopy. The patient has been recommended for continued physical therapy sessions. Prior utilization review dated 04/23/2014 states the request for physical therapy 2x6 to post-operative right shoulder is modified to certify 2 additional sessions and remaining 10 not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 to post operative right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Based on the Post-Surgical Treatment Guidelines, physical therapy is recommended for up to 24 visits. The supporting documentation provided indicates this patient has received 24 sessions of physical therapy already. Any additional sessions will exceed the guideline recommendation for maximum number of therapy visits for the procedure noted. Based on the documents reviewed and the guideline recommendations, this request is not medically necessary.