

Case Number:	CM14-0074876		
Date Assigned:	07/18/2014	Date of Injury:	10/21/2001
Decision Date:	09/17/2014	UR Denial Date:	05/15/2014
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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 45 year old female with a date of injury on 10/21/2001. Subjective complaints are of right shoulder pain and generalized weakness throughout motion. It was reported patient was following a home exercise program. Physical exam showed no shoulder deformity or tenderness. There was a positive Neer and Hawkin's sign, and range of motion was slightly decreased. Shoulder MRI did not reveal any significant findings. Patient has had prior physical therapy with compliance in stretching and strengthening exercises. Prior request for subacromial decompression was non-certified. Current request is for 12 post-operative physical therapy sessions and for a continuous passive motion device.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-operative physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: CA MTUS postsurgical guidelines indicate that the initial course of physical therapy after shoulder surgery is 24 sessions over 14 weeks. Since the requested surgical procedure has been non-certified, the associated post-operative physical therapy would not be indicated. Therefore, the medical necessity for 12 physical therapy sessions is not established.

1 Continuous passive motion (CPM) device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic) Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Continuous Passive Motion.

Decision rationale: The ODG does not recommend continuous passive motion devices for the shoulder. Research has concluded that evidence on the comparative effectiveness and the harms of various operative and non-operative treatments for rotator cuff tears is limited and inconclusive. Furthermore, since the requested surgical procedure has been non-certified, the associated post-operative passive motion device would not be indicated. Therefore, the medical necessity for a continuous passive motion device is not established.