

Case Number:	CM14-0093097		
Date Assigned:	07/25/2014	Date of Injury:	10/16/2013
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/19/2014

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, 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 67-year-old male with date of injury of 10/16/2013. The listed diagnoses per [REDACTED] are: Right shoulder rotator cuff tear and Right shoulder impingement syndrome. According to the report dated 05/13/2014, the patient complains of pain in the right shoulder. The patient has difficulty using the arm with pain and discomfort and limitation in range of motion. The exam of the right shoulder shows notable swelling with tenderness to palpation. Range of motion is diminished on the right. Impingement test is negative in the shoulder. There is no weakness in counterforce abduction. Stress testing of anterior and posterior capsular structures of the shoulder shows no evidence of shoulder instability. There is a negative sulcus sign in apprehension test. Sensation is intact to light touch, pinprick, and two-point discrimination in all dermatomes and the bilateral upper extremities. Motor strength examination for the right shoulder is 4/5. The utilization review denied the request on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26,27.

Decision rationale: The MTUS Postsurgical Guidelines recommends 24 visits of physical therapy over 10 weeks. The records do not show any recent physical therapy reports to verify how many treatments the patient has received and with what results. In this case, it appears that the patient has received some of the 24 postsurgical physical therapy sessions, and the requested 12 additional sessions would exceed the MTUS Postsurgical Guidelines for this type of surgery. As such, the request is not medically necessary.