

Case Number:	CM14-0005268		
Date Assigned:	01/24/2014	Date of Injury:	10/17/2012
Decision Date:	01/02/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery 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:

53-year-old claimant with reported industrial injury on October 17, 2012. Claimant is status post right shoulder arthroscopy with debridement of torn glenoid labrum, biceps tendon release subacromial decompression and distal clavicle excision. Available documentation demonstrates the claimant has had 24 sessions of postoperative physical therapy. Exam note December 23, 2013 demonstrates tenderness to palpation with active range of motion with pain, motor weakness and guarding in abduction. Examination of September 17, 2014 demonstrates constant moderate pain elevating to severe in his right shoulder. Exam demonstrates no focal motor deficits noted. Request is made for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY TO THE RIGHT SHOULDER, 3 TIMES PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), post surgical physical therapy

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

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks Postsurgical physical medicine treatment period: 6 months Postsurgical treatment, open: 30 visits over 18 weeks Postsurgical physical medicine treatment period: 6 months In this case the requests exceeded the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore the determination is for non-certification.