

Case Number:	CM14-0117417		
Date Assigned:	11/26/2014	Date of Injury:	02/19/2013
Decision Date:	01/12/2015	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/26/2014

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 New York. 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 48-year-old female with date of injury of February 19, 2013. The patient has chronic shoulder pain. The patient had arthroscopic manipulation under anesthesia with partial synovectomy and debridement of the labral tear. Patient also has subacromial decompression and rotator cuff repair. The surgery was performed on March 28, 2014. The patient has completed 18 sessions a postoperative physical therapy. The patient continues to have pain in the shoulder. On physical examination the right shoulder was in a sling and is limited range of motion with weakness. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter

Decision rationale: MTUS guidelines recommend up to 24 postoperative physical arthroscopic rotator cuff repairs with subacromial decompression. The patient has had already 18 sessions a postoperative physical therapy. The medical records do not document significant improvement

with previous physical therapy. Also, the requested additional 12 sessions of physical therapy will be in excess of MTUS guidelines allotment of 24 postoperative visits. The requested number of physical therapy visits is excessive and the Physical therapy 2 times a week for 6 weeks for the right shoulder is not medically necessary.