

Case Number:	CM14-0119302		
Date Assigned:	08/06/2014	Date of Injury:	01/20/2004
Decision Date:	01/02/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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 & Hand Surgeon and is licensed to practice in Texas. 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 injured worker is a 46-year-old male who reported an injury on 01/20/2004, when he fell down some stairs. Diagnoses included right shoulder pain, right hand numbness, lower back pain, and right knee pain. Diagnoses included right carpal tunnel syndrome, a right knee total knee arthroplasty, right shoulder impingement, and lumbar decompression and fusion. The injured worker had multiple surgeries, which included a rotator cuff repair, no date provided. The medications included Prilosec, and a topical cream. The objective findings dated 06/12/2014 revealed pain in extremities of the bilateral shoulders, along with weakness and motor deficits within normal limits. Decreased range of motion at the right shoulder secondary to recent shoulder surgery's and pain with palpation in the biceps tendon insertion site. Prior treatments included physical therapy 18 sessions to the right shoulder, aqua therapy, medication, modified duty, and gym. The treatment plan included additional physical therapy. The Request for Authorization dated 08/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 12 visits R shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation There is no current medical narrative report from the treating physician.

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

Decision rationale: The California MTUS Guidelines state that the postsurgical physical medicine period means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending with the time specified for a specific surgery in the postsurgical physical medicine treatment period. The guidelines state postsurgical treatment for rotator cuff syndrome/impingement is 24 visits over 4 weeks. The documentation indicated that the patient has had at least 18 visits of physical therapy, with an additional unknown amount of physical therapy. The documentation also indicated that the patient response to the prior physical therapy was fair. The documentation in the clinical notes did not indicate any special circumstances that would warrant additional physical therapy. The documentation also did not provide a functional pain measurement. Therefore, the request for postop physical therapy, 12 visits to the right shoulder, is not medically necessary.