

Case Number:	CM14-0194371		
Date Assigned:	12/02/2014	Date of Injury:	04/20/2013
Decision Date:	01/14/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 Pain Medicine, 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 injured worker is a 59-year-old female with an original date of injury of April 20, 2013. The mechanism of injury occurred when the worker pressed down to drain him up and felt right shoulder pain. She developed chronic right shoulder pain and underwent right shoulder rotator cuff repair with extensive debridement on August 29, 2013. The patient had postoperative physical therapy, and according to the claims administrator the worker has at least had 30 sessions of prior physical therapy. The disputed issue is a request for additional physical therapy. Utilization review on November 3, 2014 had noncertified this request. The stated rationale was that the injured worker is "well past the subacute healing phase postoperatively and condition is chronic in nature and has already had extensive course of similar therapeutic without documented sustained functional improvement."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Shoulder 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: In the case of this request, the patient has undergone right shoulder surgery to address a rotator cuff issue. For this type of post-operative shoulder surgery, the recommended course is 24 post-operative visits of physical therapy. The submitted medicals indicate the patient has had at least 30 sessions of PT. A postoperative physical therapy course should follow the CA MTUS guidelines. In cases where there is deviation, there should be failed documentation of a home exercise program that was attempted following the post-operative formal physical therapy. In this case, there is no documentation of any extenuating circumstance such as re-injury to warrant extension of formal physical therapy post-operatively. The follow-up progress note on October 16, 2014 only documents that the patient has some difficulty with activities of daily living and continues on pain medications. This request is not medically necessary at this time.