

Case Number:	CM14-0207727		
Date Assigned:	12/19/2014	Date of Injury:	08/12/2013
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab, 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's original date of injury was August 12, 2013. The industrial diagnoses include chronic shoulder pain, bicipital tendinitis, calcific tendinitis, SLAP tear, and a history of right shoulder arthroscopic surgery on February 14, 2014. The disputed issue is a request for physical therapy for the right shoulder two times per week for six weeks. In total, the patient has completed 47 sessions of postoperative physical therapy as of August 28, 2014. There is documentation that the patient has made good progress, but cannot be advanced to unrestricted duty because of the demanding nature of the work as a police officer. The disputed issue is a request for additional physical therapy. This was denied in a utilization review, and the reviewer had cited that the general recommendations is for 24 visits of postoperative physical therapy following arthroscopic shoulder surgery according to the ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Right Shoulder 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation ODG-TWC

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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: In total, the patient has completed 47 sessions of postoperative physical therapy as of August 28, 2014. There is documentation that the patient has made good progress, but cannot be advanced to unrestricted duty because of the demanding nature of the work as a police officer. The post-operative guidelines generally recommend anywhere from 24-40 session of PT following arthroscopic shoulder surgery. A progress note from 10/14/14 indicates that the patient has only 3/5 strength in the right shoulder. Given the guidelines, there should be a trial of home exercises to strengthen the shoulder. If this fails, then formal physical therapy can be extended. At this juncture, without documentation of failed HEP, this request is not necessary.