

Case Number:	CM14-0209502		
Date Assigned:	12/22/2014	Date of Injury:	11/05/2012
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice, and is licensed to practice in New Jersey & 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 injured worker is a 37 year-old female who was injured on 11/5/12. She had chronic right shoulder pain radiating to her neck and right upper extremity. She was diagnosed with neck pain, pain in shoulder joint, syndrome cervicocranial, rotator cuff syndrome, and right shoulder impingement. On 6/2/14, she had arthroscopic surgery of the shoulder involving subacromial decompression and debridement of the shoulder. The patient had 21 post-operative physical therapy sessions. She was authorized for 24 sessions. She had increased range of motion, and increased strength with painful motion. She was also treated with medications and was approved for a TENS unit. The current request for 12 physical therapy visits for the right shoulder which was denied by utilization review on 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits (2x6): Upheld

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

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

Decision rationale: The request is considered not medically necessary. The patient had 24 approved post-operative visits, of which 21 were completed. She had improved strength and

range of motion and as per the chart, had felt to be plateaued in progress. The requested 12 additional visits would exceed the recommended limit of 24 visits over 14 weeks with a treatment period of 6 months, according to MTUS guidelines. At this point, the patient should be transitioned to a home exercise program. Therefore, the request is considered not medically necessary.