

Case Number:	CM14-0057685		
Date Assigned:	07/09/2014	Date of Injury:	12/08/2009
Decision Date:	01/05/2015	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Medicine and is licensed to practice in North Carolina. 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 61-year-old with a reported date of injury of 12/08/2009. The patient has the diagnosis of rotator cuff diseases and status post right shoulder arthroscopic repair on 06/25/2013, adhesive capsulitis and rotator cuff sprain/strain. Per the progress notes provided for review from the requesting physician dated 04/09/2014, the patient had complaints of improved range of motion and pain. The physical exam noted no abnormalities in range of motion or strength. The treatment plan included continuation of formal physical therapy, Naproxen and transition to a home exercise program. The physical therapy notes documented progress but some limitation in range of motion and stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue post-op physical therapy for the right shoulder Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in workers compensation physical therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Physical Therapy of the Shoulder Page(s): 26-27.

Decision rationale: The California chronic pain medical treatment guidelines section on post surgical physical therapy of the shoulder states:Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):Postsurgical treatment, arthroscopic: 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 monthsPostsurgical treatment, open: 30 visits over 18 weeks*Postsurgical physical medicine treatment period: 6 monthsThe patient has completed 25 sessions of physical therapy. The recommended maximum for open repair is 30 sessions. There is no indication on why the patient would need to exceed guideline recommendations. Therefore the request is not medically necessary.