

Case Number:	CM13-0044880		
Date Assigned:	06/09/2014	Date of Injury:	05/25/2012
Decision Date:	07/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Surgery, 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 47-year-old female who reported an injury on 05/25/2012 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 08/12/2013, the injured worker complained of right shoulder pain; however, she described it as improving with her range of motion. Prior treatments included physical therapy and pain medication and surgery. The physical examination of the right shoulder revealed arthroscopy portals well-healed and scars supple. The shoulder range of motion was imitated as active forward motion to 135 degrees, passive forward motion 145 degrees, external rotation AER 35 degrees and PABIR 75, internal rotation T12 and PABIR 25. The diagnoses included right shoulder rotator cuff tear and right shoulder status post rotator cuff repair. The treatment plan included a request for further physical therapy since the injured worker continued to have some problems with range of motion and occasional pain but was advancing very well. The injured worker's work status was for 20 hours per week maximum with limited weight-bearing on the right upper extremity. The request for physical therapy 12 visits, 2 times per week for 6 weeks for status post rotator cuff repair was submitted on 08/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPLINT PHYSICAL THERAPY 2 TIMES A WEEK TIMES 6 WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter: Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for splint physical therapy 2 times a week times 6 weeks for the right shoulder is non-certified. The California MTUS Guidelines may support 9 to 10 visits of physical therapy, to provide instruction in a home exercise program and promote functional gains, for injured workers with myalgia and myositis. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of prescribed pain medication. There is also a lack of documentation of the injured worker participating in a home exercise program. Additionally, it is noted that the injured worker is status post rotator cuff repair dated 01/17/2013. Furthermore, the clinical notes indicate that the injured worker is still participating in physical therapy with progress; however, the amount of sessions attended is unclear. Therefore, the request for splint physical therapy 2 times a week times 6 weeks for the right shoulder is not medically necessary and appropriate.