

Case Number:	CM14-0114327		
Date Assigned:	08/01/2014	Date of Injury:	02/17/2014
Decision Date:	09/29/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old was reportedly injured on 2/17/2014. The mechanism of injury was noted as a right shoulder injury after lifting buckets of hydraulic fluid. The claimant underwent right arthroscopic shoulder surgery on 4/25/2014. The most recent progress note, dated 8/2/2014, indicated that the claimant has fewer complaints of pain and increasing strength. Physical examination of the right shoulder demonstrated no muscle atrophy, asymmetry, scapular winging or swelling; tenderness to the acromioclavicular joint, rotator cuff and biceps. Range of motion was flexion 160, abduction 140, and external rotation 50. There was full range motion of the neck. All stability tests were negative. Neer, Hawkin's and impingement signs were negative. MRI of the right shoulder, dated 2/27/2014, showed a full thickness supraspinatus tendon tear, acromioclavicular joint arthritis and longitudinal bicipital tendon tear. Previous treatment included right arthroscopic shoulder surgery, postoperative physical therapy (#25 visits), home exercise program and medications. A request had been made for additional physical therapy to the right shoulder 2-3 times a week for 6 weeks (18 sessions), which was not certified in the utilization review on 7/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy to the right shoulder 2-3 times a week for 6 weeks (18 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS postsurgical treatment guidelines support post-operative physical therapy and recommend a maximum of 24 visits over 14 weeks within 6 months of arthroscopic shoulder surgery. The claimant underwent 24 sessions of physical therapy and reported improvement in pain and strength on the most recent progress note available for review. The guidelines do not support additional physical therapy visits. Therefore, this request is not considered medically necessary.