

Case Number:	CM14-0124837		
Date Assigned:	08/11/2014	Date of Injury:	07/23/2012
Decision Date:	09/19/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 patient is a year old male who was injured on 07/23/2012. The mechanism of injury is unknown. Patient is status post shoulder surgery 6/25/13. Progress report dated 06/18/2014 states the patient presented for his right shoulder. On exam, his passive forward elevation is to 120 degrees. His active forward elevation is to 20 degrees; external rotation 10 degrees, and internal rotation to L3. His abduction strength is 5/5. Diagnoses are status post right shoulder massive rotator cuff repair; status post right shoulder arthroscopic acromioplasty; right shoulder postsurgical adhesive capsulitis. Progress report dated 05/05/2014 states the patient was no longer taking pain medications; however, he does have stiffness in his shoulder. On exam, passive forward elevation is to 145 degrees, external rotation is to neutral. In 45 degrees of abduction, he has external rotation to 20 degrees. In 80 degrees of abduction, he has external rotation of 20 degrees. His rotator cuff strength in external rotation is 4/5, as in his abduction strength. Internal rotation is 5/5. Diagnoses are status post right shoulder massive rotator cuff repair; status post right shoulder arthroscopic acromioplasty. The patient has been recommended for 12 sessions of physical therapy of the right shoulder. Prior utilization review dated 07/31/2014 by [REDACTED] states the request for PT X 12 Sessions, Right Shoulder is denied as medical necessity has not been established. Patient had surgery more than one year ago with unknown amount of post-op PT in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Sessions, Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy.

Decision rationale: Guidelines allow 24 post op PT in the first 6 months after shoulder surgery. According to the medical record, patient had surgery more than one year ago with unknown amount of post-op PT in the past. The patient should be well versed in home exercise program at this time. The medical necessity is not established.