

Case Number:	CM14-0130677		
Date Assigned:	08/29/2014	Date of Injury:	01/17/2014
Decision Date:	10/09/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Management 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 58 year old female who sustained an injury on January 17, 2014. She was diagnosed with (a) status post arthroscopy with arthroscopic rotator cuff repair, arthroscopic subacromial decompression, arthroscopic biceps tenodesis; and (b) impingement syndrome with rotator cuff tear, right shoulder, with severe fraying of long head of the biceps tendon. She underwent right shoulder surgery on April 1, 2014. She started physical therapy directed to the right shoulder on May 12, 2014 and completed 12 sessions on June 6, 2014. Another 12 sessions of physical therapy to the right shoulder was commenced from June 9, 2014 to July 18, 2014. An evaluation was done on August 6, 2014. An examination of the right shoulder revealed 10-degree lack of forward flexion and abduction. Internal rotation was limited as well. Her strength was about 4+/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 6 to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines, Rotator cuff syndrome/Impingement syndrome Page(s): 12-14, 27.

Decision rationale: The request for 12 sessions of physical therapy to the right shoulder is not medically necessary at this time. A review of medical records revealed that the injured worker has completed a course of 24 sessions of physical therapy. The maximum limit has been reached as the California Medical Treatment Utilization Schedule stated that the maximum allowable number of treatment sessions for postsurgical treatment for cases of rotator cuff syndrome/impingement syndrome is 24 visits. More so, there has been no significant functional improvement noted with only one to two goals achieved after completion of 24 visits. Hence, proceeding with the additional 12 sessions of physical therapy will not anymore render substantial results to the right shoulder.