

Case Number:	CM14-0162912		
Date Assigned:	10/08/2014	Date of Injury:	06/27/2011
Decision Date:	11/07/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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 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:

This is a 46-year-old female housekeeper who opened a closet door on 06/27/11 and an object fell causing an injury to her head and upper extremities. Medical records provided for review specific to the claimant's right shoulder included the progress report dated 09/02/14 describing continued complaints of neck and right shoulder pain. Physical examination noted subjective complaints of numbness and swelling to the hand and digits. The report documented that the claimant had undergone a recent 05/28/14 right shoulder arthroscopy with rotator cuff repair. Postoperative physical therapy reports documented that the claimant had attended greater than 24 sessions of physical therapy. The last physical therapy assessment dated 08/19/14 revealed restricted range of motion to 60 degrees of flexion, 50 degrees of abduction, and 20 degrees of external rotation and that there had been no significant change in the claimant's progress over the past several weeks. The recommendation was made for continuation of physical therapy for the shoulder to include continued scapular stabilization and range of motion exercises for eighteen additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy treatment for the right shoulder including scapular stabilization and range of motion exercises with modalities, to decrease inflammation at two to three times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for continued physical therapy for the right shoulder for eighteen sessions is not recommended as medically necessary. The Postsurgical Rehabilitation Guidelines recommend up to twenty-four sessions of physical therapy in the postoperative setting. According to the medical records the claimant has already exceeded the standard guideline criteria and the request for eighteen additional sessions of therapy would far exceed guideline criteria. While the claimant does not appear to be making significant progress in terms of reconditioning with physical therapy modalities following surgery, the medical records do not document how additional therapy would benefit the claimant. There is also no postoperative imaging or records to determine why the claimant's progress is delayed. Based on the medical records provide for review and the Postsurgical Rehabilitative Guidelines, the request for eighteen additional sessions of therapy cannot be supported as medically necessary.