

Case Number:	CM14-0180348		
Date Assigned:	11/05/2014	Date of Injury:	04/04/2012
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Spine Surgery, and is licensed to practice in New York. 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 52-year-old male with a date of injury of April 4, 2012. The patient is diagnosed with right shoulder impingement. He's had right shoulder arthroscopy. Prior treatments include medications and physical therapy. The patient continues to have pain in the right shoulder. On physical examination the patient describes a click and catch in the right shoulder. Additional physical examination is not present in the medical records. The date of the patient shoulder surgery was September 10, 2014. At issue is whether additional physical therapy is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 8 Weeks for The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Guidelines recommend 24 visits over 14 weeks of postoperative physical therapy after rotator cuff impingement-type shoulder surgery. However, functional improvement should be documented with the initial course of physical therapy. In addition, the medical

records do not document exactly how it physical therapy the patient has had to date exactly how much postoperative is it the patient has had to date. The medical records do not document any evidence of functional improvement after surgery. All 24 visits of physical therapy are not medically necessary.