

Case Number:	CM14-0040800		
Date Assigned:	06/27/2014	Date of Injury:	08/24/2011
Decision Date:	07/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty 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 patient is a 49-year-old with an August 24, 2011 date of injury. According to the March 14, 2014 orthopedic report from [REDACTED], the patient underwent right shoulder arthroscopy on September 23, 2013 and has ongoing pain and stiffness. The physician requested continued PT 3x6. On March 25, 2014 UR recommended non-certification for PT x12 between March 20, 2014 and May 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This request is for twelve sessions of physical therapy for the right shoulder. A September 23, 2013 operative report shows the patient had arthroscopic debridement of a labral tear, rotator cuff repair, bursectomy and decompressive acromioplasty. The patient was reported to have had completed eighteen sessions of postsurgical physical therapy by January 30, 2014. The patient was reported to be undergoing physical therapy, but on March 14, 2014 had increasing pain and stiffness. The physician requested additional physical therapy, twelve

sessions, at the time of the request, the patient still had nine days left in the postsurgical physical medicine treatment timeframe. The Post-Surgical Treatment Guidelines requires discontinuation of treatment in the postsurgical treatment timeframe if there is no demonstration of functional improvement. The Post-Surgical Treatment Guidelines states: "In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period." The patient's condition is documented to have increased pain and stiffness in the postsurgical physical medicine period. The Post-Surgical Treatment Guidelines requires discontinuing physical therapy. The request for twelve physical therapy sessions for the right shoulder is not medically necessary or appropriate.