

Case Number:	CM13-0068686		
Date Assigned:	01/03/2014	Date of Injury:	03/20/2006
Decision Date:	04/17/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 71 year old male, who sustained an industrial injury on March 20, 2006. His diagnoses include bilateral shoulder sprain with possible internal derangement and status post right shoulder arthroscopy. He has been treated with x-rays, pain and non-steroidal anti-inflammatory medications, sling, and a home exercise program. In addition, he treated with postoperative physical therapy with therapeutic exercise, soft tissue mobilization (STM), interferential current (IFC) therapy, and ice. He underwent left shoulder arthroscopy with decompression on 7/25/2013. The notes indicate right shoulder arthroscopy was performed on 11/16/2013. On December 6, 2013, he reported mid back pain up into the neck from his bilateral shoulder pain. The right shoulder was improving slowly after surgery. The physical exam revealed no acute neurological changes and no gross instability. The sutures were removed and a dressing was applied. Physical therapy was started on 11/21/2013. Upon completion of 11 out of 12 sessions of physical therapy, 18 additional sessions were requested. UR modified the request for 18 additional sessions of Physical Therapy to 8 sessions on 12/17/2013. This has been appealed to an IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XW X 6 WKS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The injured worker underwent arthroscopy of the right shoulder on 11/16/2013. Postoperatively he was started on physical therapy and completed 11 out of 12 initial sessions on 12/17/2013. At that time, 18 additional sessions were requested. On December 17, 2013 utilization review modified the request from 18 sessions to 8 sessions with transition to a home exercise program. The independent medical review is requested for the 18 sessions. The surgical procedure was arthroscopy with subacromial decompression for impingement syndrome. California MTUS postsurgical treatment guidelines indicate 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The initial course of therapy is 12 visits. Then with documentation of continuing functional improvement a subsequent course of therapy of 12 visits may be prescribed. The request as stated for 18 additional sessions after completion of the initial 12 sessions exceeded the guidelines recommendation and as such, the medical necessity of the request has not been substantiated.