

Case Number:	CM14-0210565		
Date Assigned:	12/23/2014	Date of Injury:	06/12/2013
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 31 year-old male with date of injury 06/12/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/20/2014, lists subjective complaints as pain in the right shoulder. Patient is status post right shoulder capsular release and tendon repair in September, 2014. Objective findings: Examination of the right shoulder revealed patient has about half of normal glenohumeral abduction and his rotation was limited to about 15% of the opposite side. There was no evidence of biceps tendon rupture or tendon repair failure. No other physical examination findings were documented by the requesting physician. Diagnosis: 1. Status post right shoulder capsular release and tendon repair. Patient has completed at least 16 sessions of post-operative physical therapy for the right shoulder to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy 1x8 visits for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8. Effective July 18, 2009, adhesive capsulitis.

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

Decision rationale: According to the Postsurgical Treatment Guidelines, the patient has undergone surgery for Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12) and is entitled to the following: Postsurgical treatment, arthroscopic: 24 visits over 14 weeks; *Postsurgical physical medicine treatment period: 6 months.

According to records, the patient has undergone 16 visits of physical therapy and is entitled to 8 more. I am reversing the previous utilization review decision. Continue physical therapy 1x8 visits for the right shoulder is medically necessary.