

Case Number:	CM14-0217299		
Date Assigned:	01/07/2015	Date of Injury:	12/01/2008
Decision Date:	03/13/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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: Emergency 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:

The injured worker is a 58 year old female, who sustained an industrial injury on December 1, 2008. The diagnoses have included status post right shoulder subacromial impingement release. Treatment to date has included right shoulder subacromial decompression surgery on January 27, 2014, physical therapy, and medications. The Primary Treating Physician's report dated August 21, 2014, noted the injured worker with right paracervical tenderness, with almost full range of motion of the right shoulder. The Physician noted the injured worker doing well status post right shoulder arthroscopic subacromial decompression and bursectomy with glenohumeral arthroscopy on January 27, 2014. On December 18, 2014, Utilization Review non-certified physical therapy two to three times a week for four to six weeks visits for the right shoulder noting the injured worker had been previously approved for twenty-four postoperative physical therapy sessions with the medical records failing to establish significant functional deficits, and in the absence of ongoing functional deficits an extended course of care would not be warranted. The MTUS Postsurgical Medical Treatment Guidelines was cited. On December 29, 2014, the injured worker submitted an application for IMR for review of physical therapy two to three times a week for four to six weeks visits for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3 X 4-6 VISITS 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 Page(s): 27.

Decision rationale: As per MTUS Post-surgical treatment guidelines, physical therapy is recommended up to 24 sessions for the diagnosis listed. Patient has already completed 24 of prior sessions with no appropriate documentation of prior response to treatment. Patient has minimal pain and good range of motion on exam. The provider has failed to provide any rationale or reasoning for additional sessions. There is no documentation as to why the patient cannot perform home exercise program or why additional sessions is necessary. This is also an incomplete request with an open-ended request for 8 to 18 sessions with no definitive total of sessions requested which is an inappropriate request. Additional Physical Therapy is not medically necessary.