

Case Number:	CM13-0005356		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2012
Decision Date:	08/06/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	07/30/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery 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:

This is a 63-year-old female who was injured in a work-related accident on 7/25/12. The records provided for review document an injury to the right shoulder for which the claimant subsequently underwent a right shoulder rotator cuff repair on 5/1/13. Post-operative treatment has included an aggressive course of physical therapy. The 7/15/13 follow up report documented improvement in range of motion and strength since surgery stating that the individual has undergone a course of physical therapy. There was no documentation of any post-operative imaging and the total number the therapy sessions completed since the 5/1/13 surgery was not identified. The recommendation was made for eighteen additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TO 3 TIMES A WEEK FOR 4 TO 6 WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, eighteen additional sessions of physical therapy would not be indicated. The claimant has

completed a course of post surgical physical therapy. The Post Surgical Guidelines do not support the role of more than 24 sessions over 14 weeks in the post-operative setting. Based on the fact the claimant is over one year post surgery and the physical therapy already utilized, the need for further physical therapy given the claimant's current clinical presentation would not be supported by the records provided for review. There is no documentation to support why this claimant would not be capable of transitioning to a home exercise program at this time.