

Case Number:	CM13-0005923		
Date Assigned:	03/21/2014	Date of Injury:	01/20/2012
Decision Date:	05/20/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

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:

The patient is a 69-year-old who was injured in a work related accident on January 20, 2012. The clinical records specific to the claimant's left shoulder indicate an August 12, 2013 operative report stating the claimant underwent a left shoulder arthroscopy, rotator cuff repair, synovectomy, subacromial decompression and distal clavicle excision performed by [REDACTED]. The specific request in this case is for the initial course of postoperative physical therapy to include sessions twice weekly for twelve weeks for a total of twenty-four sessions for the left shoulder. There is no indication of other authorized physical therapy to the claimant's left shoulder in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY FOR LEFT SHOULDER, TWICE PER WEEK FOR TWELVE WEEKS: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the Post-Surgical Treatment Guidelines, twenty-four sessions of physical therapy would meet clinical criteria. Guidelines would recommend the role of up to twenty-four sessions of physical therapy over a fourteen week period of time. The request for

post operative physical therapy for left shoulder, twice per week for twelve weeks, is medically necessary and appropriate.