

Case Number:	CM13-0027477		
Date Assigned:	01/31/2014	Date of Injury:	07/11/2012
Decision Date:	05/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

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 claimant is a 56-year-old female injured in a work-related accident on July 11, 2012. Medical records provided for review pertaining to the right shoulder document that the claimant underwent surgery in January 2013 for a right shoulder rotator cuff repair followed by a May 2013 procedure for right shoulder manipulation. The documentation indicates that since the January 2013 surgery the claimant has attended 36 sessions of formal physical therapy. The most clinical recent assessment on August 21, 2013 documented 130 degrees of active abduction and flexion with pain and internal and external rotation strength of 4-/5. The request was made for 12 additional sessions of formal therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR TREATMENT OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation ODG SHOULDER, PHYSICAL THERAPY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for 12 postoperative physical therapy sessions cannot be recommended as medically necessary. The records indicate that the claimant has attended at least 36 sessions of therapy since the time of operative procedure. At the time of the request for 12 additional therapy sessions, the claimant was 8 months post initial procedure and three months post shoulder manipulation. The MTUS Postsurgical Guidelines recommend 24 therapy sessions over 14 weeks in a six month treatment period. The current request would exceed the recommended guidelines for therapy given the number of previous physical therapy assessments already provided. Therefore, the additional 12 therapy sessions cannot be recommended as medically necessary.