

Case Number:	CM13-0028490		
Date Assigned:	02/07/2014	Date of Injury:	06/28/2012
Decision Date:	05/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 claimant is a 28-year-old gentleman who was injured in a work-related accident on June 28, 2012 sustaining injury to the right shoulder. The records indicate that following a course of conservative care, on June 25, 2013 a right shoulder arthroscopy with open tenodesis of the long head of the biceps tendon and subacromial decompression took place. Following the procedure, the claimant has been treated with a significant course of formal physical therapy. There is documentation of at least twenty sessions of physical therapy to date. At a recent clinical assessment on November 18, 2013, the claimant's physical examination findings showed 170 degrees of flexion, 70 degrees of external rotation, with 5/5 strength to the shoulder. At present, there is a request for twelve additional sessions of formal physical therapy in the claimant's postoperative course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OP PHYSICAL THERAPY 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Rehabilitative Guidelines would not support continued therapy. The clinical guidelines indicate that up to 24 sessions of physical therapy over a fourteen week period of time from the procedure would be recommended. The records in this case indicate that the claimant is well beyond fourteen weeks from surgery and has attended twenty-plus sessions of therapy to date. The twelve additional sessions would exceed guidelines criteria. This is also taking into account the claimant's recent physical examination findings that showed essentially full range of motion and no motor weakness. Therefore the request is not certified.