

Case Number:	CM13-0030858		
Date Assigned:	11/27/2013	Date of Injury:	06/06/2011
Decision Date:	02/10/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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 31-year-old male who reported an injury on 08/06/2011, resulting in a nonunion proximal humerus fracture requiring revision and a bone growth stimulator. The patient's most recent clinical examination findings included tenderness to the anterior shoulder, external rotation to 70 degrees and forward elevation to 105 degrees. The patient's diagnoses included status post revision, fixation, and bone grafting of a nonunion of the proximal humerus. The patient's treatment plan included physical therapy and the continued use of a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The requested postoperative physical therapy for the right shoulder is not medically necessary or appropriate. The clinical documentation submitted for review does

provide evidence that the patient has previously participated in physical therapy postoperatively for this injury. However, the clinical documentation submitted for review does not clearly identify the prior number of visits or establish significant functional benefit as a result of that therapy. It is noted that the patient is not progressing through a home exercise program, and an additional short course of physical therapy may benefit the patient to re-establish and re-educate the patient in a home exercise program. However, the requested as it is written does not clearly identify duration. As such, the requested postoperative physical therapy for the right shoulder is not medically necessary or appropriate.