

Case Number:	CM13-0031979		
Date Assigned:	12/04/2013	Date of Injury:	08/03/2012
Decision Date:	01/23/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery and is licensed to practice in Ohio, Pennsylvania, 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:

This is a 41-year-old gentleman who was injured in a work related accident 08/03/12. The clinical records indicate an injury to the right shoulder for which an operative report for review of 05/21/13 indicates that he underwent a right shoulder arthroscopy, rotator cuff repair, debridement and subacromial bursectomy. Postoperative records for review include a 08/14/13 assessment with [REDACTED] indicating that the claimant is still attending therapy, working on strengthening with objective findings, showing strength slightly decreased when compared to the left shoulder with "good range of motion." He was continued with use of Naproxen as well as additional course of formal physical therapy. Last assessment for review is a utilization review approving eight additional session of formal physical therapy on 09/26/13. That would have authorized 20 plus session of therapy in the claimant's postoperative course. At present there is a request for 12 additional physical therapy sessions for the claimant's shoulder at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional physical therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): s 26-27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines state that continued physical therapy would not be indicated. The Guidelines indicate that the claimant has already attended twenty (20) plus sessions of physical therapy and is now noted to be seven plus months from the shoulder rotator cuff repair. The last formal clinical record for review indicated that the claimant's range of motion was full and was only lacking slight strength. It would be unclear why transition to an aggressive home exercise program would not be able to occur at this stage in the claimant's postoperative course of care.