

Case Number:	CM13-0037954		
Date Assigned:	12/18/2013	Date of Injury:	10/10/2012
Decision Date:	05/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational Medicine, and is licensed to practice in Arizona. 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 is a 71 year old male who sustained a work related injury to his right shoulder on Oct 10, 2012 and subsequently underwent arthroscopic surgery of the right shoulder on April 9th, 2013. The patient had an examination on September 25, 2013 and was found to have maximal tenders of the subacromial space with crepitation during motion with positive Neer's and Hawkin's provocative tests. Additionally, medical records provided for review report that the patient's condition is slowly improving and he has functional improvement since his surgery and been able to return to work with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF PHYSICAL THERAPY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the MTUS Postsurgical Treatment Guidelines for a sprained shoulder, a total of 24 visits over 14 weeks are authorized. The patient has had the benefit of 12 visits with advancement to home exercise program with pain subjectively placed at 3/10 on a 1 to 10 scale. However, the patient continues to have some level of range of motion limitations. Bearing this in mind, the request for an additional 12 sessions of physical therapy at the time of the request was

within the MTUS Postsurgical Treatment Guidelines' designated time period for postsurgical physical medicine treatment. The request is medically necessary and appropriate.