

Case Number:	CM13-0040506		
Date Assigned:	12/20/2013	Date of Injury:	01/22/2013
Decision Date:	05/06/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 is a 61-year-old female who was injured on 1/22/13 sustaining a fracture to the left glenoid that required open reduction internal fixation on 1/29/13. Post-operatively, the claimant has been treated with an aggressive course of physical therapy. As of the last clinical assessment of 9/16/13, she has undergone 45-plus sessions to date. There is a current 10/14/13 assessment indicating continued complaints of pain about the shoulder stating that the claimant is improving her range of motion and strength. The examination showed 150° of forward flexion and 90° of abduction with improved internal and external rotation. Strength assessment was not noted. The request at that time was for continuation of formal physical therapy to be utilized once weekly for six additional weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ONE TIMES SIX WEEKS FOR THE LEFT SHOULDER:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, continuation of formal physical therapy would not be indicated. The California MTUS states,

"Postsurgical treatment: 24 visits over 14 weeks." The records indicate that since the time of January 2013 surgery the claimant has undergone 45-plus sessions of therapy to date with physical examination demonstrating improved range of motion and function. It would be unclear as to what six additional sessions of therapy would add that the claimant would not be able to obtain with a home-based exercise program alone. The specific request for the therapy sessions in question would not be indicated.