

Case Number:	CM13-0043349		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2011
Decision Date:	04/16/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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 53 year old male with an industrial injury of 8/3/11. Claimant is status post right shoulder arthroscopy and debridement on 2/12/13 with completion of 24 sessions of physical therapy. Exam note dated 7/12/13 demonstrates complaints of right hand numbness and tingling on the ulnar side of hand and small finger with positive Tinel's reported at the ulnar nerve. Appeal letter on 8/6/13 reports claimant with persistent pain in right shoulder with report of limited range of motion and impingement. Request for 12 additional sessions of physical therapy.

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 OVER FOUR WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post Surgical Treatment Guidelines recommend 24 visits of post operative therapy following right shoulder arthroscopy. As the request exceed the guideline

criteria and there is lack of evidence regarding attempt at a home program, the determination is for non-certification.