

Case Number:	CM13-0049832		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2009
Decision Date:	06/04/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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:

The patient is a 47 year old female whose date of injury is 10/19/2009. The patient was lifting coin bags and boxes into the vault when she felt a sharp pain in the right shoulder. The patient is noted to be status post right shoulder arthroscopy with manipulation under anesthesia on 08/03/11. MRI of the right shoulder dated 10/23/12 revealed no evidence of rotator cuff tear or glenoid labral pathology. Qualified medical re-evaluation dated 06/26/13 indicates that the patient complains of neck, right shoulder, and low back and right knee pain. It appears as though she has reached maximum medical improvement with respect to the injury to her right shoulder for which she has been treated since November of 2009 without any improvement. Future treatment was recommended to include manipulation under anesthesia of the right shoulder with postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY 2XWK X6WKS RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The Expert Reviewer's decision rationale: Based on the clinical information provided, the request for post-op physical therapy 2 x wk x 6 wks right shoulder is not recommended as medically necessary. The submitted records indicate that the patient was recommended to undergo right shoulder manipulation under anesthesia; however, there is no indication that surgery has been authorized or completed. Therefore, the request for postoperative physical therapy is not medically necessary.