

Case Number:	CM13-0050474		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2003
Decision Date:	06/04/2014	UR Denial Date:	09/30/2013
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 Occupational Medicine and is licensed to practice in Oregon. 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 60 year old right handed female who had a request for right shoulder surgery. She was diagnosed with right shoulder impingement syndrome. The surgery was requested by [REDACTED]. He requested certification for right arthroscopic shoulder surgery to include subacromial decompression and rotator cuff repair. The surgery was not certified as noted in a letter from [REDACTED] dated 9/30/13. The requested 12 physical therapy visits after her right shoulder surgery were denied. See letter from [REDACTED] dated 9/30/13. Since the surgery was not certified then the post operative physical therapy should also not be certified. It would be reasonable to have physical therapy visits after shoulder surgery but not if the shoulder surgery was not certified. (Reference MTUS page 27).

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Since the shoulder surgery is not medically necessary then the post operative physical therapy is also not medically necessary.