

Case Number:	CM13-0057070		
Date Assigned:	12/30/2013	Date of Injury:	01/20/2012
Decision Date:	04/30/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 1/20/12. A utilization review determination dated 11/8/13 recommends non-certification of post-op PT for right shoulder, as the proposed surgery was not approved. 2/27/14 medical report identifies that surgical intervention was recommended and the provider was awaiting the appeal process.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) SESSIONS OF POST-OP PHYSICAL THERAPY FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 27.

Decision rationale: Regarding the request for post-op physical therapy for right shoulder, QTY 12.00, California MTUS supports 12 initial PT sessions and up to 24 total sessions for postoperative treatment of a rotator cuff tear. Within the documentation available for review, it is noted that the surgery has not been authorized. In light of the above issues, the currently

requested twelve (12) sessions of post-op physical therapy for the right shoulder, are not medically necessary.