

Case Number:	CM13-0059663		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2011
Decision Date:	05/19/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

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 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:

The claimant is a 32-year-old female who was injured on 07/31/13, sustaining injury to the shoulder. Clinical records available for review indicate that she is now status post a left shoulder arthroscopic SLAP repair. Current documentation of 10/28/13 indicates that the claimant has undergone 24 sessions of post-operative physical therapy since the time of 07/10/13 SLAP lesion repair. There is a request for 12 additional sessions of physical therapy with current physical examination findings demonstrating 90 degrees of abduction and 160 degrees of forward flexion. Further clinical records are not supportive of the specific request at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) ADDITIONAL POST OPERATIVE PHYSICAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: Per California MTUS and Official Disability Guidelines, post-surgical physical therapy can consist of up to 24 sessions over a 14 week period of time. In this individual that has already undergone 24 sessions of formal physical therapy, the specific request for 12

additional sessions of therapy would exceed guideline criteria therefore the requested treatment is not medically necessary and appropriate.