

Case Number:	CM13-0064184		
Date Assigned:	01/03/2014	Date of Injury:	05/06/2011
Decision Date:	06/10/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 injured worker is a 52 year old female who reported an injury on 05/06/2011. The mechanism of injury was a slip and fall. The clinical noted dated 10/25/2013 reported the injured worker noted she was doing reasonably well. The physical exam noted some weakness in the right upper extremity. The provider noted abduction in right should was 135-140 degrees, external rotation was 35-40 degrees. The injured worker had a diagnosis of post porcedural right shoulder arthroscopy on 08/28/2013. The provider requested for 12 additional sessions of physical therapy, 3 times a week for 4 weeks for the right shoulder. The request for authorization was provided and dated 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF PHYSICAL THERAPY, 3X/WK FOR 4 WEEKS FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: The injured worker noted she was doing reasonably well. The physical exam noted some weakness in the right upper extremity. The California MTUS guidelines recommend

for 24 postoperative physical therapy sessions over 14 weeks with a recommendation for a post-surgical physical medicine treatment period of 6 months. The clinical documentation submitted noted the injured worker to have evidence of mild not severe pain as well as some continued weakness in the right upper extremity. In addition there was a lack of documentation indication the total number of physical therapy sessions the injured worker attended postoperatively. Given the clinical information submitted the request did not meet guidelines. Therefore the request for additional Physical Therapy is not medically necessary.