

Case Number:	CM13-0065110		
Date Assigned:	01/03/2014	Date of Injury:	10/22/2012
Decision Date:	06/06/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Practice 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 35-year-old male who reported an injury on 12/22/2012 after a fall. The patient reportedly sustained an injury to the left shoulder that ultimately resulted in left shoulder arthroscopy to repair a SLAP lesion in 08/2013. The clinical documentation submitted for review does provide evidence that the patient has undergone extensive postoperative physical therapy for this injury. The patient's most recent clinical documentation noted that the patient had left shoulder range of motion described as 150 degrees in extension. The patient's diagnoses included acromioplasty of shoulder and left shoulder sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3X4, 6 PASSIVE SESSIONS AND 6 ACTIVE SESSIONS FOR THE LEFT 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.

Decision rationale: The requested physical therapy 3 times 4, six passive sessions and six active sessions for the left shoulder are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 24 visits of physical therapy in the

postsurgical management of this type of injury. The clinical documentation submitted for review does provide evidence that the patient has participated in physical therapy well in excess of this recommendation. There are no barriers noted within the documentation to preclude the patient from participating in a home exercise program. There are no exceptional factors noted within the documentation to support extending treatment beyond the guideline recommendations. As such, the requested physical therapy 3 times 4, six passive sessions and six active sessions for the left shoulder are not medically necessary or appropriate.