

Case Number:	CM14-0001347		
Date Assigned:	01/22/2014	Date of Injury:	08/17/2011
Decision Date:	06/12/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 Surgery 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 64-year-old gentleman who sustained an injury to the right shoulder in a work related accident on 08/17/11. Following a course of conservative care, the claimant underwent shoulder arthroscopy, labral debridement, biceps tenotomy, rotator cuff repair and distal clavicle resection on 07/08/13. The clinical records provided for review include a 12/31/13 physical therapy progress report noting that this individual was undergoing his 34th session of postoperative therapy with current findings of 170 degrees of forward flexion actively, internal rotation to T10 and 4/5 strength with flexion and abduction. The recommendation was made for continuation of physical therapy for 12 additional sessions following this individual's rotator cuff repair procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY (PT), 2 X PER WEEK FOR 6 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.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 additional sessions of therapy would not be indicated. Since the time of operative intervention,

this individual has undergone 34 documented sessions of therapy with a request for 12 additional sessions at present. The Postsurgical Guidelines recommend up to 24 physical therapy visits over a 14 week period of time. The requested 12 sessions of therapy would exceed the Postsurgical Rehabilitative Guidelines and there is no documentation for review that would indicate that this individual would be an exception to the standard treatment. The request would not be supported as medically necessary.