

Case Number:	CM14-0002110		
Date Assigned:	01/24/2014	Date of Injury:	08/25/2012
Decision Date:	07/03/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 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 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 60 year old female whose date of injury is 08/25/2012. The mechanism of injury is described as mopping, vacuuming and lifting trash. The injured worker underwent left shoulder rotator cuff repair surgery on 01/22/13 followed by left total reverse shoulder replacement on 10/22/13. The injured worker has been authorized for 18 postoperative physical therapy visits to date, 11 of which had been completed by 12/09/13. Note dated 12/09/13 indicates that the injured worker reports her pain has been minimal. Note dated 01/03/14 indicates that the injured worker is independent with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED POST OPERATIVE PHYSICAL THERAPY FOR TWELVE (12) SESSIONS FOR THE LEFT 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: Based on the clinical information provided, the request for continued postoperative physical therapy for 12 sessions for the left shoulder is not recommended as medically necessary. The injured worker is status post left reverse shoulder arthroplasty

performed on 10/22/13 and has been authorized for at least 18 postoperative physical therapy visits to date. CA MTUS guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review as the most recent note provided is dated 01/03/14. There are no specific, time-limited treatment goals provided. The request is not medically necessary.