

Case Number:	CM14-0002168		
Date Assigned:	01/24/2014	Date of Injury:	02/01/2012
Decision Date:	06/09/2014	UR Denial Date:	12/30/2013
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 Emergency Medicine and is licensed to practice in New York. 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 43-year-old male who was injured on February 1, 2012. The patient continued to experience intermittent pain in his right shoulder. The patient's injury was a 4/5 acromioclavicular (AC) joint grade separation for which he underwent right shoulder AC reconstruction surgery on December 13, 2012. Physical examination was notable for full range on motion of both shoulders and 5/5 motor strength. Diagnosis was right shoulder AC joint separation and right shoulder arthrofibrosis. Request for authorization for six additional visits for physical therapy for right shoulder was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL PHYSICAL THERAPY VISITS FOR RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Section, (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The recommended number of physical therapy visits after surgery for Acromioclavicular joint separation are 8 visit over 8 weeks with postsurgical physical treatment period of six months. In this case the request for further physical medicine treatment was six months past the expiration of the postsurgical period. Furthermore the patient had full range of motion of both shoulders and full motor strength. Additional physical therapy is not indicated. Therefore, the request for additional Physical Therapy is not medically necessary.