

Case Number:	CM14-0006955		
Date Assigned:	02/07/2014	Date of Injury:	07/09/2013
Decision Date:	06/23/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/17/2014

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 has a subspecialty in Hand 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 59-year-old gentleman who was injured in a work related accident on 07/09/13. Following a course of conservative care, surgery to include left shoulder arthroscopy with lyses of adhesions, arthroscopic subacromial decompression, and manipulation under anesthesia has been recommended. There is a clinical request for 18 initial postoperative sessions of physical therapy. The request for this review is for continuation of "physical medicine procedure." It appears that this request is specific to the postoperative physical therapy request for the upcoming shoulder procedure. The request for physical medicine procedure does not identify the number of physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE PROCEDURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, POST-SURGICAL REHABILITATION, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: \POST-SURGICAL TREATMENT GUIDELINES, ROTATOR CUFF SYNDROME/IMPINGEMENT SYNDROME (ICD9 726.1; 726.12),ADHESIVE CAPSULITIS (ICD9 726.0),

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines "physical medicine procedure" would not be indicated. In this instance there is no clear indication for the number of physical medicine sessions that are being requested for this claimant's postoperative course of care. Without a specific number of sessions, the request cannot be applied to the Postsurgical Rehabilitative Guidelines. Therefore, the request for Physical Medicine Procedure is not medically necessary and appropriate.