

Case Number:	CM14-0104548		
Date Assigned:	07/30/2014	Date of Injury:	07/16/2012
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 62-year-old female who injured her shoulder on July 16, 2013. Following a course of conservative care, she underwent a right shoulder arthroscopy with debridement, subacromial decompression and rotator cuff repair on August 21, 2013, then completed more than 24 sessions of physical therapy. A follow-up report dated May 13, 2014, documents continued complaints of interval pain and stiffness of the shoulder. The report states that the claimant lacks 15 degrees of full range of motion. The claimant was diagnosed with an early frozen shoulder. No information on other post-operative treatment was provided. This request is for eight additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Improvement Measures Page(s): 98-99; 48.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, eight additional sessions of physical therapy would not be indicated. The Post Surgical Guidelines provide for 24 sessions of physical therapy over a 14-week period post-operatively. This

claimant has already completed the maximum number of sessions. Additionally, the reviewed records contain no documentation of post-operative imaging or other forms of conservative care, and it is unclear why the claimant would not be able to engage in a home exercise program at this point in rehabilitation. Given these factors, the request for eight additional sessions of physical therapy would not be supported as medically necessary.