

Case Number:	CM14-0013272		
Date Assigned:	02/21/2014	Date of Injury:	12/19/2012
Decision Date:	06/26/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 43-year-old female who injured her right shoulder on 12/19/12 after falling 10 feet off of a ladder. The records provided for review document that she was diagnosed with a rotator cuff tear and subsequently underwent surgical arthroscopy, rotator cuff repair, and subacromial decompression on 9/27/13. Postoperatively, the claimant has received 24 sessions of physical therapy. The 12/30/13 progress report documented that the claimant was doing better, as examination showing 150 degrees of forward flexion and abduction with no documentation of weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER 2-3 TIMES PER WEEK FOR 4-6 WEEKS:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This individual has already undergone 24 sessions of postoperative physical therapy with the last clinical assessment showing advancements in both range of motion and

strength. An additional 18 sessions of physical therapy would exceed the Postsurgical Guidelines that recommend up to 24 postoperative physical therapy sessions over a 14 week period. The records for review do not document why the claimant requires an additional 8 to 18 sessions of therapy. As such, the request is not medically necessary.