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| Case Number: | CM14-0018870 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 08/13/2012 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 02/14/2014 |

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:

This is a 54-year-old female who injured the right shoulder in a work-related accident on 8/13/12. The medical records provided for review include a progress report dated 12/4/13 noting persistent complaints of pain despite conservative measures. A physical examination showed tenderness anteriorly and restricted range of motion and right shoulder rotator cuff repair was recommended. The follow-up report dated 1/14/14 noted that surgery had not yet occurred. The clinical records do not indicate whether the surgery has since taken place. This review is for post-operative physical therapy for the claimant's right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial postoperative physical therapy for the right shoulder (no frequency and duration listed), report dated 12/14/2013 QTY: 12:00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines recommend up to twenty-four (24) sessions of therapy following a rotator cuff repair. However, in this case the medical records do not document that the surgery has been certified. The medical records also do not clarify the

number of physical therapy sessions requested. This information would be necessary prior to recommending postoperative physical therapy. The request is not medically necessary.