

Case Number:	CM14-0133194		
Date Assigned:	09/24/2014	Date of Injury:	01/25/2010
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/20/2014

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 Surgeon 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 injured worker is a 67-year-old male who has chronic back and shoulder pain. The injured worker also has had knee surgeries. The injured worker also complains of neck pain. He had right shoulder surgery in 25 visits of physical therapy. He continues to have stiffness and shoulder pain. Medications include NSAID medication. On physical examination right shoulder motion is slightly limited. He has reduced range of motion of the spine. Upper and lower motor and sensory function is normal. The injured worker has been performing home self-directed exercises. At issue is whether additional formal physical therapy visits for the right shoulder medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy-Post-Op Eight to Twelve Sessions Right Shoulder Quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter, ODG shoulder pain chapter

Decision rationale: This injured worker does not meet established criteria for additional formal physical therapy of the shoulder. Postsurgical treatment guidelines indicate 24 visits over 10

weeks. The injured worker is or any exceeded postsurgical treatment established guidelines for physical therapy of the shoulder surgery. The medical records documented the injured worker is involved in a home program. Criteria for additional formal physical therapy for the shoulder not met. The medical records do not clearly establish significant restriction of motion and activity because of the injured worker's shoulder condition. Guidelines do not support the use of additional physical therapy at this time when the injured worker is already involved in a home program and without significant documentation a functional deficits. The request for Physical Therapy-Post-Op Eight to Twelve Sessions Right Shoulder Quantity: 12 is not medically necessary.