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| Case Number: | CM14-0139289 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 02/13/2013 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 08/28/2014 |

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 55-year-old, female who injured her left shoulder on 02/13/13. The medical records provided for review included documentation that the claimant underwent left shoulder arthroscopy and decompression on 07/16/14. The postoperative clinical record of 07/24/14 documented that physical examination revealed healed portal sites and diminished range of motion. There was a request for 16 sessions of physical therapy to initially be performed at that time. There is no documentation of any other form of physical therapy provided in the claimant's postoperative setting. This review is for 16 sessions of physical therapy following the claimant's 07/16/14 surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) Post-Operative Physical Therapy Visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, the request for 16 sessions of postoperative therapy would be indicated. This individual underwent surgical arthroscopy and decompression of the shoulder on 07/16/14. The clinical request one week following surgery was for 16 sessions of therapy. The requested 16 sessions of therapy

would satisfy the Postsurgical Guideline criteria that recommends up to 24 sessions in the postoperative setting. Given the fact that no therapy has been rendered to date, the clinical request for 16 sessions of physical therapy are recommended as medically necessary.