

Case Number:	CM14-0162755		
Date Assigned:	10/07/2014	Date of Injury:	10/10/2010
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/03/2014

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 46-year old gentleman injured his left shoulder on 10/10/10. The medical records provided for review documented that, following a course of conservative care; the claimant underwent left shoulder arthroscopy, subacromial decompression, and distal clavicle excision on 4/17/14. The medical records also documented that postoperatively, the claimant attended 24 sessions of physical therapy. The follow up visit dated 09/2/14 describes noted continued complaints of discomfort about the shoulder associated with overhead activity and work. Physical examination showed 180 degrees of flexion and abduction with 4/5 strength noted with flexion extensors abductors, internal and external rotation in a diffuse fashion. The recommendation was made for continuation of physical therapy and a home exercise program. This request is for eight (8) additional sessions of physical therapy for the claimant's left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times 4 weeks for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California Post-Surgical Rehabilitative Guidelines, the request for eight (8) additional sessions of physical therapy is not recommended as medically necessary. The medical records reveal this claimant has already exceeded the Post-Surgical Guidelines as he has attended greater than 24 sessions of post-operative physical therapy since the 04/2014 surgery. The Post-Surgical Guidelines recommend up to 24 visits of therapy following arthroscopic subacromial decompression. The requested eight (8) additional sessions of therapy exceeds the guideline criteria and would not be indicated as medically necessary.