

Case Number:	CM14-0169165		
Date Assigned:	10/17/2014	Date of Injury:	11/15/2011
Decision Date:	11/26/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 patient has chronic shoulder pain with date of injury of 11/15/2011. The patient has left shoulder subacromial decompression with Mumford and rotator cuff repair. The surgery was performed on July 11, 2014. The patient is a 24 certified physical therapy visits. The patient is taking post-op medications. Physical exam shows well-healing surgical incision but no signs of infection. There is some cellulitis around the surgical site. There is some swelling to immobilization. The patient is noted to be neurovascularly intact. The patient is diagnosed with shoulder pain and shoulder joint degeneration. At issue is whether additional shoulder physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative physical therapy two times a week for six weeks for the left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS shoulder pain chapter

Decision rationale: MTUS guidelines do not recommend additional postoperative shoulder physical therapy visits at this time for this patient. Guidelines support 24 visits over 14 weeks postoperatively after shoulder surgery. The medical records do not provide clinical documentation does support the medical necessity of additional physical therapy visits beyond the guideline recommendations. Additional physical therapy visits are not medically necessary. It is unclear why the patient can't be transitioned to a home exercise program. The medical records do not support the need for additional physical therapy visits, therefore, post-operative physical therapy two times a week for six weeks for the left shoulder is not medically necessary and appropriate.