

Case Number:	CM14-0169455		
Date Assigned:	10/17/2014	Date of Injury:	07/01/2012
Decision Date:	11/19/2014	UR Denial Date:	09/18/2014
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 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 58-year-old gentleman who sustained an injury to his left knee and right shoulder in a work-related accident on 07/01/12. The medical records provided for review specific to the right shoulder documented that the claimant was status post arthroscopic subacromial decompression and rotator cuff repair procedure performed on 04/18/14. The progress report dated 09/09/14, documented that the claimant was making slow but steady progress following surgery. Physical examination revealed range of motion to 155 degrees of forward flexion, 145 degrees of abduction, healed incisions and improved strength. The records documented that the claimant's postoperative treatment to date has included 24 certified sessions of physical therapy. Based on the claimant's clinical findings, the recommendation was made for an additional twelve sessions of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy 2 x 6 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitation Guidelines, the request for twelve additional sessions of physical therapy cannot be supported as medically necessary. The claimant has exceeded the Postsurgical Guideline criteria having undergone 24 sessions of therapy since the time of April 2014 surgery. The claimant's recent clinical assessment fails to demonstrate any weakness and shows advancement of range of motion to nearly full fashion. There is no documentation to support that the claimant would not be capable of transitioning to a home exercise program at this time. The claimant has already exceeded the Postsurgical Guidelines for postoperative physical therapy and the medical records do not identify objective findings that require additional formal physical therapy instead of a home exercise program. Therefore, Post-Operative Physical Therapy 2 x 6 for the right shoulder is not medically necessary.