

Case Number:	CM14-0173954		
Date Assigned:	10/27/2014	Date of Injury:	06/07/2011
Decision Date:	12/04/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/22/2014

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 patient is a 46-year-old female. The patient has chronic shoulder pain. The patient had 36 postoperative physical therapy visits at the shoulder surgery. The patient had diagnostic shoulder arthroscopy on September 15, 2014. The patient had revision surgery on January 24, 2014. She continues to have shoulder pain. Physical examination reveals decreased range of shoulder motion. Patient is diagnosed with glenoid osteoarthritis and tenosynovitis of the biceps tendon. At issue is whether additional 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:

Right Shoulder Physical Therapy 2x6: 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 MTUS shoulder pain chapter

Decision rationale: Patient does not meet establish criteria for additional shoulder physical therapy at this time. Specifically the patient has completed 36 formal sessions of physical therapy. Transition to home exercise program is medically necessary at this time. Guidelines do not support more than 36 sessions of formal physical therapy after shoulder surgery. Therefore the request is not medically necessary.

