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| Case Number: | CM14-0021590 | | |
| Date Assigned: | 05/05/2014 | Date of Injury: | 02/10/2010 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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, a 55-year-old female, sustained a right shoulder injury in a work-related accident on February 10, 2010. An MRI report dated December 10, 2011, showed a small superior labral tear with supraspinatus tendinosis and acromioclavicular joint hypertrophy. Records available for review include an August 19, 2013, progress report documenting continued complaints of right shoulder pain. Physical examination showed limited active and passive range of motion with 4+/5 external rotation and abduction strength. The claimant has undergone conservative care, including treatment with medications, acupuncture and chiropractic measures. The treating physician recommended operative intervention in the form of right shoulder arthroscopy, subacromial decompression, distal clavicle resection and evaluation of the labrum. This request is for post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE(P/O) PHYSICAL THERAPY(PT) RIGHT(RT) SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for right shoulder surgery is not established as medically necessary in this case. Therefore, the request for postoperative physical therapy is not medically necessary.