

Case Number:	CM14-0021795		
Date Assigned:	05/09/2014	Date of Injury:	03/02/2012
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 Pennsylvania. 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 51-year-old gentleman who sustained an injury to the right shoulder on 03/02/12. Records provide for review document the claimant has continued complaints of shoulder pain despite treatment with conservative measures. The report of an MRI scan identified hypertrophic changes of the acromioclavicular joint, impingement and partial intrasubstance tearing of the supraspinatus. The 12/23/13 office consultation recommended arthroscopy and subacromial decompression in light of the fact conservative treatment had failed. The surgery was supported by Utilization Review. This review is to determine the medical necessity for an initial 26 sessions of outpatient physical therapy following the certified right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY X 26 SESSIONS ON THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines, 26 sessions of postoperative physical therapy for this

individual's shoulder would not be supported. In the postoperative setting following surgery for impingement, the Postsurgical Guidelines recommend up to 24 sessions of postoperative therapy. There is no documentation in the records reviewed that this claimant would be an exception to the standard guidelines recommendation for therapy. Therefore, in light of the fact the request for 26 sessions of postoperative therapy exceeds the Postsurgical Guidelines, the request is not supported.