

Case Number:	CM14-0022478		
Date Assigned:	05/09/2014	Date of Injury:	12/21/2011
Decision Date:	07/10/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/22/2014

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 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 patient is a 36 year old claimant with industrial injury on 2/21/11. Status post right shoulder arthroscopy with capsular release and lysis of adhesions on 11/11/13. Exam notes from 12/30/13 demonstrate complaint of pulling and catching of the arm. Range of motion is reported with flexion of 100 degrees, abduction of 100 degrees, external rotation of 20 degrees and internal rotation to L5. A review of records demonstrates patient with 24 visits of postoperative physical therapy performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED POST-OP PHYSICAL THERAPY, TWO TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS Post Surgical Treatment Guidelines, pages 24-26 state that Physical Therapy visits is authorized over 14 weeks following surgery for adhesive capsulitis. In this case the claimant has maximized the 24 visits in the record. There is not

enough evidence to support further physical therapy beyond the guidelines in the clinic notes from 12/30/13. Therefore the determination is not medically necessary.