

Case Number:	CM14-0023993		
Date Assigned:	06/11/2014	Date of Injury:	01/25/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 26 year old male who was injured on on 01/25/2013 when he was climbing up on a bed of a truck and was dangling with his right arm causing injury to the right shoulder and right chest wall. He has been treated conservatively with prescription medications and physical therapy. On 11/26/2013, the patient underwent right shoulder arthroscopic bicep tendinosis and subacromial decompression. Postoperatively, the patient had 6 weeks of physical therapy with the last physical therapy note dated 12/16/2013 stating the patient was making steady progress towards his goals with a reported pain level of 3/10. He continued to decrease range of motion and decreased strength. The plan at that time was to continue the home exercise program and an additional 12 sessions of physical therapy 3 times a week for 4 weeks. A prior utilization review dated 02/12/2014 denied the additional physical therapy since the patient had already had 24 postop physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Postsurgical Treatment Guidelines for physical therapy allows for up to 24 physical therapy sessions. The medical records documented on 12/16/13 states "Total visits to date: 12/12." Further, the documents from 1/6/14 state "After surgery, he had 6 weeks of physical therapy," which is referring to the 12 sessions of therapy as noted above. The note from 1/6/14 then requests for authorization for physical therapy three times a week for four weeks. There is no documentation stating that the patient has completed 24 physical therapy sessions, only the 12 sessions as documented above. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.