

Case Number:	CM14-0025923		
Date Assigned:	06/04/2014	Date of Injury:	12/03/2007
Decision Date:	08/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 underlying date of injury in this case is 12/03/2007. The mechanism of injury in this case was repetitive movement. The patient is status post a right shoulder arthroscopic decompression with acromioplasty and Mumford procedure on 08/30/2013. The patient subsequently completed at least 24 sessions of postoperative physical therapy. As of 12/05/2013, the treating physician saw the patient in followup. On physical examination, range of motion had improved to at least 165 degrees in abduction and forward flexion. The treating physician recommended ongoing physical therapy twice a week for 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The MTUS Postsurgical Guidelines page 10 recommends that additional physical therapy may be provided if there are specific functional goals documented. At this time, given the patient's progress and physical therapy, the guidelines would anticipate that this patient would have transitioned to an independent home rehabilitation program. The records do not

provide an alternative rationale instead for additional supervised physical therapy. As such, the request is not medically necessary and appropriate.