

Case Number:	CM14-0026622		
Date Assigned:	05/05/2014	Date of Injury:	05/29/2013
Decision Date:	08/19/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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:

The patient is a 40 year old gentleman injured in a work related accident on 09/01/12. Clinical records for review specific to the patient's right shoulder document that, following a course of conservative care, the patient underwent right shoulder arthroscopy for labral repair, subacromial decompression and debridement on 09/27/13. Postoperatively, the patient participated in twenty-four sessions of physical therapy. The report of the office visit on 02/04/14 described continued complaints of upper extremity pain in the pectoral area. There was no documentation in the report of physical examination findings. As a result of the patient's continued discomfort, there was a request for twelve additional physical therapy sessions. The records did not reveal evidence of other conservative care in the post operative setting or documentation of post operative imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF POST-OP PHYSICAL THERAPY FOR THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post Surgical Rehabilitative Guidelines, twelve additional sessions of physical therapy would not be indicated. This individual has already undergone twenty-four sessions of physical therapy. There is no documentation of objective findings on examination to warrant additional formal therapy. The Post Surgical Guidelines recommend twenty-four therapy sessions over fourteen weeks following this surgery. An additional twelve sessions of physical therapy following surgical process would exceed the Post Surgical Guideline criteria and would not be indicated as medically necessary at present.