

Case Number:	CM14-0028277		
Date Assigned:	06/16/2014	Date of Injury:	08/22/2012
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 injured worker is a 62-year-old who sustained an injury to her right shoulder on August 22, 2012 while filing some papers in boxes. The records indicate that the injured worker is status post right shoulder arthroscopic repair of the rotator cuff, bursitis and anterior/posterior superior labral tear dated October 10, 2013. It was reported that the injured worker was approved for eighteen physical therapy visits and that she recently underwent a right shoulder injection. Physical examination noted ell-healed incisions; forward flexion to only 60; grossly distally neurovascularly intact. It was recommended that the injured worker continue physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL POST OPERATIVE THERAPY SESSIONS TO 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): 27.

Decision rationale: The previous request was denied on the basis that it was not clear what more is needed from formal physical therapy that would not be available in a home exercise program,

therefore the request was not deemed as medically appropriate. The Post-Surgical Treatment Guidelines recommends up to 24 visits over fourteen weeks not to exceed six months for the diagnosed injury. There was no indication that the injured worker has been actively participating in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for twelve additional postoperative therapy visits for the right shoulder has not been established. The request for twelve additional post operative therapy sessions to the right shoulder is not medically necessary or appropriate.