

Case Number:	CM14-0032670		
Date Assigned:	06/20/2014	Date of Injury:	08/26/2013
Decision Date:	07/25/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	03/14/2014

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 Surgeon and Hand Surgeon, 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 53 year old male with a reported injury on 08/26/2013. The mechanism of injury was not provided. The injured worker had an orthopedic examination on 01/14/2014 due to on-going right shoulder pain. The injured worker had been through treatment on the right shoulder with physical therapy which had not been very helpful. His medication list consisted of ibuprofen. The diagnoses included advanced right shoulder glenohumeral joint arthrosis, right shoulder AC joint arthrosis and right shoulder rotator cuff tendinitis with no evidence of full thickness tear. The recommended plan of treatment is a hemiarthroplasty. There was no mention of post-operative physical therapy. The request for authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 18 sessions 3 x week for 6 weeks for the right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,27.

Decision rationale: The request for post-op physical therapy eighteen sessions three times a week for six weeks is not medically necessary. The injured worker has on-going right shoulder pain. It is recommended he have hemiarthroplasty. The California MTUS Guidelines recommend initial course of therapy for postsurgical, one half of the number of visits specified in the general course of therapy. The specified recommendation for arthroplasty is twenty-four visits over ten weeks, one half would be twelve visits over five weeks. The requested amount for eighteen visits over six weeks is more than what is recommended. Therefore the request for physical therapy is not medically necessary.