

Case Number:	CM14-0033758		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2012
Decision Date:	08/05/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 California and Utah. 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 26-year-old female who reported an injury on 11/04/2012 after lifting a heavy object. The injured worker reportedly sustained an injury to her right shoulder. Treatment includes physical therapy and ultimately underwent surgical intervention in 08/2013. She was treated with 12 sessions of postoperative physical therapy in 09/2013. The injured worker was evaluated on 10/11/2013. It was noted that there continued to be pain complaints and required additional postsurgical physical therapy and medications. Diagnoses included status post right shoulder surgery and right hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder physical therapy three times a week for six weeks: 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: California Medical Treatment Utilization Schedule recommends 24 visits of physical therapy and the postsurgical management of rotator cuff or impingement syndrome. The clinical documentation submitted for review does indicate that the injured worker has participated in postsurgical physical therapy. However, the specific number of visits was not

clearly identified within the documentation. Also, the injured worker's most recent clinical evaluation did not provide specific functional quantitative objective of functional improvement resulting from prior therapy. Therefore, additional therapy would not be supported. As such, the request for right shoulder physical therapy three times a week for six weeks is not medically necessary and appropriate.