

Case Number:	CM14-0034007		
Date Assigned:	07/23/2014	Date of Injury:	06/15/2013
Decision Date:	09/12/2014	UR Denial Date:	03/06/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 64 year-old female who was reportedly injured on 6/15/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 1/14/2014. Indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder: range of motion forward flexion 120, abduction 90 and wall climb 140, smooth circumduction. The previous diagnostic studies are available for review. Previous treatment includes shoulder arthroscopy, #24 postoperative physical therapy sessions, medications and conservative treatment. A request was made for physical therapy of the right shoulder 2 X a week for 4 weeks #8 and was not certified in the pre-authorization process on 3/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

P/O physical therapy - right shoulder (frequency unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Postsurgical Treatment Guidelines, California Code of Regulations. The Expert Reviewer's decision rationale: Postoperative physical therapy is recommended for subacromial decompression and

rotator cuff repair. Injured workers are authorized 24 visits of physical therapy over 14 weeks. It is noted that the injured worker has had 24 visits of physical therapy. Further treatment of physical therapy would be deemed excessive according to guidelines. This request is considered not medically necessary.