

Case Number:	CM14-0038039		
Date Assigned:	06/25/2014	Date of Injury:	07/04/2013
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 California. 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 underlying date of injury in this case is 07/04/2013. This patient's diagnosis is status post a left shoulder decompression in November 2013. This patient completed 18 physical therapy sessions as of 02/03/2014. The patient's primary treating physician submitted a followup report and authorization request. The patient reported that range of motion was slowly improving, although the patient continued to be symptomatic and described weakness. The treating physician notes that the patient reported that his physical therapy had helped him to reduce the need for oral pain medication. The treating physician recommended an additional 12 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

An additional 12 sessions of physical therapy for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: The MTUS Postsurgical Treatment Guidelines states that the treating surgeon or his designee may recommend additional physical therapy if it is determined that specific functional goals can be accomplished. Implicit in this guideline is that supervised

physical therapy should be utilized if there are specific goals which require supervision and cannot be accomplished through an independent home rehabilitation program. The medical records in this case do not provide a rationale as to why the stated goals, including range of motion, require substantial additional supervised physical therapy as opposed to independent home rehabilitation. Therefore, the treatment guidelines have not been met. This request is not medically necessary.