

Case Number:	CM14-0042270		
Date Assigned:	06/30/2014	Date of Injury:	09/23/2011
Decision Date:	08/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/10/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of September 23, 2011. A Utilization Review was performed on March 4, 2014 and recommended non-certification of 12 physical therapy sessions, right shoulder, 3 x per week for 4 weeks. There is also note that 12 session of physical therapy had been certified previously. An Evaluation dated February 11, 2014 identifies Complaints of ongoing right shoulder pain status post shoulder surgery on February 6, 2014. Exam identified incision without infection. Impression identifies right shoulder impingement syndrome. Treatment Plan identifies physical therapy 3 x a week x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the right shoulder, 3 x week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request is for 12 Physical Therapy sessions for the right shoulder, 3 x a week x 4 weeks. California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed

and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of 12 PT sessions having been authorized. However, there is no documentation of functional improvement with the previous sessions. In the absence of such documentation, the currently requested 12 physical therapy sessions for the right shoulder, 3 x a week x 4 weeks is not medically necessary.