

Case Number:	CM14-0049763		
Date Assigned:	07/07/2014	Date of Injury:	08/22/2013
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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 08/22/2013. The treating diagnoses include shoulder pain, superior glenoid labrum lesion, osteoarthritis of the shoulder, and a neck strain. The patient was seen in follow-up by the patient's treating physician on 03/07/2014. At that time the patient was noted to be status post distal clavicle excision in the past. The patient had ongoing shoulder pain, although declined an injection. The patient requested additional physical therapy. The medical records note that the patient was previously status post-surgery on 01/18/2014 which consisted of left shoulder subacromial decompression with biceps tenodesis, distal clavicle excision, and left shoulder glenohumeral debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for two weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17,27. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines, section 24.3, state that additional post-operative physical therapy can be

provided if there is specific documentation of functional goals. Overall the treatment guidelines anticipate that by the time period under review this patient would have transitioned to an independent home rehabilitation program. The records do not provide a rationale or indication instead as to why the patient would require additional supervised physical therapy. The records and guidelines do not support this request. Therefore, this request is not medically necessary.