

Case Number:	CM14-0052094		
Date Assigned:	07/07/2014	Date of Injury:	12/15/2010
Decision Date:	08/13/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 & 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 male patient with the date of injury of December 15, 2010. A Utilization Review was performed on March 26, 2014 and recommended approval of post op PT x 12 sessions of post op PT x 24 sessions that were requested. A Progress Report dated March 5, 2014 identifies Subjective Complaints of right shoulder pain increased with activities. Objective Findings identify tenderness to palpation right AC joint, abduction 90, flexion 100, strength 4/5, and positive impingement. Diagnoses identify right shoulder impingement. Treatment Plan identifies awaiting authorization for right shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy x 24 sessions: Upheld

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

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

Decision rationale: Regarding the request for post operative physical therapy x 24 sessions, 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, the patient is awaiting authorization for right shoulder surgery; however, it is unknown if this has been authorized. In addition, given that guidelines recommend an initial course of 12 sessions after shoulder, there is currently no provision in place to modify the request to the number of initial visits recommended. In light of the above, the currently requested post operative physical therapy x 24 sessions is not medically necessary.