

Case Number:	CM14-0057535		
Date Assigned:	07/09/2014	Date of Injury:	05/24/2012
Decision Date:	10/07/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 records presented for review indicate that this 50 year-old individual was reportedly injured on 5/24/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 4/15/2014, indicates that there are ongoing complaints of right shoulder pain. The physical examination demonstrated right shoulder: incision site is feeling well. Range of motion, forward flexion 140, abduction 130, internal rotation 20, external rotation 70. Muscle strength 4/5. No recent diagnostic studies are available for review. Previous treatment includes right shoulder arthroscopy, physical therapy #39 sessions, work hardening, medications, and conservative treatment. A request had been made for additional physical therapy 2 times a week for 4 weeks #8 and was not certified in the pre-authorization process on 4/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS guidelines support postsurgical physical therapy and recommend a maximum of 24 visits over 14 weeks within 6 months of arthroscopic shoulder surgery. The claimant underwent 39 sessions of physical therapy and continues to complain of right shoulder

pain. Guidelines do not support additional physical therapy visits and this request is not considered medically necessary.