

Case Number:	CM14-0065949		
Date Assigned:	07/11/2014	Date of Injury:	08/29/2012
Decision Date:	09/19/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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 Orthopedic Surgery 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 52-year-old female who sustained an injury to the left shoulder on 8/29/12. The clinical records provided for review document that the claimant is status post left shoulder arthroscopy, subacromial decompression, and rotator cuff debridement on 01/7/14. Post-operative records for review indicate that the claimant has had more than 24 sessions of physical therapy. The clinical progress report dated 3/3/14 described continued subjective complaints of pain in the shoulder and examination was documented to show motion to 140 degrees of flexion, 110 degrees of abduction, and no motor weakness noted. The recommendations were for continuation of physical therapy and advancement to a home exercise program. This request is for eight additional sessions of physical therapy for the claimant's shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical Therapy 2 X 8 to Left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Rehabilitative Guidelines would not support further physical therapy. The medical records identify that the claimant underwent a January 2014 arthroscopic subacromial decompression and has already attended 24-plus sessions

of physical therapy in the post-operative setting. Post-Surgical Guidelines recommend up to 24 visits of physical therapy over a fourteen week period of time following this surgery. The requested eight sessions would exceed the Post-Surgical Guidelines and there is no documentation to support that the claimant's condition would be an exception to the standard treatment guidelines. Therefore, the request for eight additional sessions is not medically necessary.