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| Case Number: | CM14-0066743 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 05/22/2012 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 04/11/2014 |
| Priority: | Standard | Application Received: | 05/07/2014 |

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:

The injured worker is a 44-year-old male who was reportedly injured on May 22, 2012. The mechanism of injury is stated to be a slip and fall. The most recent progress note dated October 1, 2012, indicates that there are ongoing complaints of right shoulder pain. Current medications are stated to include Tylenol 3, ibuprofen and Norco. The physical examination of the right shoulder demonstrated decreased range of motion with 125 of flexion and 130 of abduction. There was tenderness any prominence at the right-sided acromioclavicular joint. A physical therapy note dated April 11, 2014, states that the injured employee has participated in or has been approved for 24 sessions of physical therapy for the right shoulder. A request had been made for 12 additional visits of postoperative physical therapy and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy (x12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.3 /.

Decision rationale: According to the physical therapy note dated, April 11, 2014, the injured employee has only completed or has at least been approved for 24 visits of postoperative physical therapy for the right shoulder. After this magnitude of therapy the injured employee should be well-versed in what is expected of physical therapy for the shoulder and should be up to do this on his own at home with a home exercise program. Therefore this request for an additional 12 visits of postoperative physical therapy is not medically necessary.