

Case Number:	CM14-0079693		
Date Assigned:	09/24/2014	Date of Injury:	02/23/2013
Decision Date:	11/20/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 New York. 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:

Patient has a date of injury of February 23, 2013. The patient has chronic shoulder pain. The patient had right shoulder surgery on October 18, 2013. Right shoulder range of motion is reduced with 80 of flexion 20 of extension and 60 of abduction. Neurologic function in the C1-T1 dermatomes is normal. The medical records document that the patient has had at least 36 physical therapy sessions. In addition there is no documentation of objective improvement after physical therapy. At issue is whether additional physical therapy visits for the shoulder pain are necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 6 visits for right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Additional physical therapy visits for the right shoulder not medically necessary. MTUS allows it to 24 postsurgical physical therapy visits for this condition. The medical records document the patient has at least 36 sessions at this time. There is no reported objective benefit from physical therapy to date. There is no indication why the patient can be

transitioned to a home exercise program. Additional physical therapy visits not supported by MTUS guidelines.