

Case Number:	CM14-0091359		
Date Assigned:	07/25/2014	Date of Injury:	08/09/2012
Decision Date:	10/13/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family Medicine and is licensed to practice in California, Tennessee, and Florida. 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 52 year old female whose date of injury is 08/09/2012. The mechanism of injury is not described. Treatment to date includes physical therapy, injection, medication management and work restrictions without improvement. The injured worker underwent acromioplasty and bursectomy on 03/05/14 and has received at least 21 postoperative physical therapy visits to date. The injured worker has been recommended for 8 additional PT visits. Diagnosis is status post acromioplasty for impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 19th Annual Edition, Treatment in Workers' Comp (12th Annual Edition) <http://apgi.acoem.org/Chapters/Shoulder%20Disorders/Chap%201%20Shoulder%20pl-129.pdf>. Pages 9,21,48,90-92,105

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

Decision rationale: Based on the clinical information provided, the request for physical medicine procedure is not recommended as medically necessary. It appears that the request is for 8 additional physical therapy visits, per prior utilization review. The injured worker underwent acromioplasty and bursectomy on 03/05/14 and has received at least 21 postoperative physical therapy visits to date. California Medical Treatment Utilization Schedule (MTUS) guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review as the most recent note provided is from April. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.