

Case Number:	CM13-0035956		
Date Assigned:	12/13/2013	Date of Injury:	09/01/2008
Decision Date:	04/02/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona

Certification(s)/Specialty: Family Practice

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 patient is a 51-year-old female who injured her left shoulder at work on 09-18-2013. Diagnoses include dislocated shoulder, labrum tear, and status post subacromioplasty with labrum repair on 5/29/2013. Subjective complaints are of shoulder pain rated 5/10. Physical exam shows decreased range of motion and presence of scar tissue. The patient has had 24 post operative physical therapy sessions. Submitted documentation includes reports from physical therapy that shows functional improvement and increased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Physical Therapy.

Decision rationale: CA MTUS and the ODG recommend 24 sessions of postsurgical physical therapy within 6 month after surgery for a dislocated shoulder. This patient has received 24

sessions of therapy, and has received instruction on continuing home exercise program. Therefore, the request for 12 additional sessions would exceed guideline recommendations, and is not medically necessary.