

Case Number:	CM14-0189137		
Date Assigned:	11/20/2014	Date of Injury:	01/24/2014
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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:

42 year old female claimant with reported industrial injury of 1/24/14. Exam note from 10/22/14 states that patient has pain in the shoulder. Exam of the shoulder demonstrates range of motion with forward flexion of 160 degrees, 90 degrees of abduction, 50 degrees of external rotation and 60 degrees of internal rotation. Physical therapy note 9/18/14 demonstrates increase in symptoms. Tightness is noted in the right upper trapezius. Improvement is noted with mobility, pain is noted to limited activities of daily living. Exam note demonstrates that 25 visits of physical therapy have been completed to date following right shoulder arthroscopic labral repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: (2) Additional Physical Therapy for the right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15,16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: Per the guidelines claimant has exceeded the maximum amount of visits allowed. There is insufficient evidence of functional improvement or reason why a home based

program cannot be performed to warrant further visits. Therefore the request is not medically necessary.