

Case Number:	CM14-0202576		
Date Assigned:	12/15/2014	Date of Injury:	12/17/2006
Decision Date:	01/30/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/03/2014

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:

The patient has chronic right shoulder pain. On physical examination she has tenderness over the a.c. joint. She has a positive cross body test. Range of motion is limited secondary to a.c. joint pain. Shoulder strength is 4+ over 5. MRI shows a.c. joint osteoarthritis with supraspinatus impingement. The patient continues to have right shoulder pain. At issue is whether postoperative physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter.

Decision rationale: This patient does not meet criteria for shoulder surgery. Specifically there is not adequate documentation of trial and failure of conservative measures for shoulder pain. The results of her recent subacromial injection have not been documented. There is no

documentation of her recent trial and failure physical therapy for shoulder pain. Surgery is not medically necessary, then postoperative physical therapy is not needed.