

Case Number:	CM14-0206395		
Date Assigned:	01/02/2015	Date of Injury:	10/22/2010
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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, has a subspecialty in Spine 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 is a 52-year-old female with date of injury of October 22, 2010. The patient has right shoulder and right arm pain. Physical therapy help decrease the pain. On physical examination the patient has tenderness to the right shoulder. There is bilateral wrist tenderness. Right shoulder range of motion is decreased in is positive impingement test. The wrists bilaterally have decreased range of motion and Tinel's sign is positive bilaterally. The patient has been indicated for shoulder surgery. 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:

18 Post-operative physical therapy sessions for the right shoulder and bilateral wrists:

Upheld

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

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, and this had been chapter, and describing treatment guidelines postoperative physical therapy for shoulder surgery in this surgery.

Decision rationale: This patient does not meet criteria for 18 postoperative physical therapy visits at this time. MTUS guidelines indicate that an initial trial of postoperative physical therapy

with documented improvement must be performed prior to approval of additional postoperative visits. 18 postoperative visits is considered excessive without documentation of initial improvement. Guidelines for 18 visits not met.