

Case Number:	CM15-0018150		
Date Assigned:	02/06/2015	Date of Injury:	08/05/2010
Decision Date:	04/02/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 46-year-old female who reported an injury on 08/05/2010 due to an unspecified mechanism of injury. On 01/14/2015, she presented for a followup evaluation regarding her work related injury. It was noted that she was taking metformin, Celexa, tramadol, Norco, Naprosyn, and Zofran to treat her pain. A physical examination was not performed. She was diagnosed with unspecified disorders of the bursae and tendons in the shoulder region. The treatment plan was for 12 additional postoperative physical therapy sessions 2 times a week for 6 weeks for the right shoulder. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional post operative physical therapy 2 times a week for 6 weeks for the right shoulder: Upheld

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

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

Decision rationale: The California Postsurgical Rehabilitation Treatment Guidelines indicate that postsurgical physical therapy is recommended for 24 visits over 14 weeks. Further clarification is needed regarding what surgical procedure the injured worker had undergone as well as how many sessions of physical therapy she had attended. Also, no documentation was provided regarding her response to physical therapy in terms of a quantitative decrease in pain or an objective improvement in function. Without this information, additional physical therapy sessions would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.