

Case Number:	CM14-0131509		
Date Assigned:	08/20/2014	Date of Injury:	05/25/2010
Decision Date:	10/20/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of 5/25/10. A utilization review determination dated 7/21/14 recommends non-certification of PT. 5/12/14 operative report identifies that the patient underwent right shoulder arthroscopy with rotator cuff repair, biceps tenodesis, subacromial decompression, and subacromial AC joint arthroplasty - Mumford.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11 and 26-27.

Decision rationale: Regarding the request for physical therapy, CA MTUS states that up to 24 sessions are supported after shoulder surgery, with half that amount recommended initially. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Within the documentation available for review, it is noted that the request was made approximately two months after the surgery, but the number of initial sessions (if any) and response to those

sessions is not identified. Without that information, there is no clear rationale for additional therapy per the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.