

Case Number:	CM14-0141439		
Date Assigned:	09/10/2014	Date of Injury:	12/13/2012
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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:

This is a 37-year-old female who injured her right shoulder in a work-related accident on 08/10/12. The medical records provided for review documented that, following a course of conservative care, the claimant arthroscopic subacromial decompression on 09/06/13. The report of a postoperative MRI dated 07/21/14 identified moderate supraspinatus and infraspinatus tendinosis, bicipital tendinosis and acromioclavicular joint degenerative arthritis. The postoperative 08/05/14 progress report noted that the claimant had continued bilateral shoulder complaints and that the right shoulder had failed postoperative care including physical therapy and medication management. Based on the claimant's failed postoperative care, the recommendation was made for right shoulder arthroscopy with manipulation under anesthesia and capsular release. The 08/21/14 Utilization review authorized the proposed surgery. This review is for twelve sessions of postoperative therapy following surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x per week for 4 weeks for the right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for twelve sessions of postoperative physical therapy is recommended as medically necessary. The Postsurgical Rehabilitative Guidelines recommend up to 24 postoperative physical therapy sessions following this surgery. The medical records document that the surgery has been authorized as medically necessary. Therefore, the request for twelve sessions of postoperative physical therapy that fall within the guidelines criteria are also recommended as medically necessary.