

Case Number:	CM14-0161833		
Date Assigned:	10/07/2014	Date of Injury:	09/17/2013
Decision Date:	11/14/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine 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:

The underlying date of injury in this case is 9/17/2014. The date of utilization review under appeal is 9/15/2014. The patient's diagnoses are status post a right shoulder arthroscopy with subacromial decompression and distal clavicle resection; this procedure was performed 5/6/2014. On 9/3/2014 the patient was seen in treating physician follow-up and was noted to be 14 weeks status post-surgery. The patient reported ongoing pain at night and during the day. The patient was up intermittently and back to most daily activities. The treating physician noted that the patient had made fair progress with physical therapy and regained good range of motion, strength and function. The treating physician noted that a prior request for more physical therapy was denied and as a result the patient had continued pain and stiffness which was not resolving. The treating physician recommended an additional 8 therapy visits to work on range of motion and strength, and hopefully to improve her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines section 24.3 states that the treating physician may prescribe additional postoperative therapy if there were specific functional goals to be accomplished through such therapy. At this time the medical records indicate that the patient has done well with initial physical therapy. The stated goals for additional therapy would be anticipated to be achievable through a home exercise program equally well as through additional supervised therapy. The records do not provide a rationale or indication as to why this patient requires additional supervised therapy rather than independent home rehabilitation. This request is not medically necessary.