

Case Number:	CM14-0097723		
Date Assigned:	09/10/2014	Date of Injury:	10/12/2012
Decision Date:	10/16/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family 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 injured worker is a 38 year old male whose date of injury is 10/12/2012. The mechanism of injury is described as arresting a suspect. The injured worker underwent right shoulder labral repair and debridement on 03/14/13 and has completed 24 postoperative physical therapy visits. The injured worker subsequently underwent release of right second compartment on 07/22/13 and subsequently completed 6 additional physical therapy visits in 2013, for a total of 30 postoperative physical therapy visits. The injured worker has been authorized for at least 16 physical therapy visits in 2014. Progress report dated 06/09/14 indicates that assessment is right shoulder pain, rule out internal impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #3, three times weekly for 4 weeks for right shoulder #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical therapy

Decision rationale: Based on the clinical information provided, the request for physical therapy 3 x weekly for 4 weeks for right shoulder is not recommended as medically necessary. The injured worker has completed 46 total physical therapy visits to date with 16 visits completed in 2014. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy, therefore this request is not medically necessary.