

Case Number:	CM15-0177944		
Date Assigned:	09/18/2015	Date of Injury:	11/14/2011
Decision Date:	11/25/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64-year-old male who sustained an industrial injury on 11-14-2011 and has been treated for left shoulder impingement syndrome. According to the note dated 7-27-2015, the injured worker had been approved for an arthroscopic acromioplasty and distal clavicle resection of the left shoulder, but it had been cancelled due to the need for cardiology clearance. Subsequent documentation indicates that, as of the request of 8-3-2015, the surgery had yet to have taken place. The treating physician's plan of care includes additional post-operative physical therapy 3 times a week for 4 weeks for the left shoulder, which was non-certified on 8-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Physical Therapy Three (3) Times a Week for Four (4) Weeks for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: Additional Post-Operative Physical Therapy Three (3) Times a Week for Four (4) Weeks for the left shoulder is not medically necessary per the MTUS Post Surgical Guidelines. The guidelines recommend up to 24 visits postoperative therapy for this surgery. The documentation indicates that the patient was authorized 12 sessions of therapy already postoperatively. Without documentation that this therapy was performed with evidence of objective functional improvement additional therapy sessions are not medically necessary.