

Case Number:	CM13-0003367		
Date Assigned:	03/21/2014	Date of Injury:	09/02/2003
Decision Date:	05/22/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/25/2013

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:

The claimant is a 56-year-old female injured in a work-related accident on September 2, 2003. The records available for review document that the claimant underwent left shoulder arthroscopy, subacromial decompression, and distal clavicle excision on April 19, 2013. The claimant completed 18 sessions of physical therapy post-operatively. In a June 11, 2013, progress report, [REDACTED] noted that the claimant reported continued complaints of neck and left shoulder pain. Examination showed restricted motion to 90 degrees of forward flexion, 130 degrees of abduction, tenderness to palpation, and positive impingement. Diminished left upper extremity grip strength was also noted. This request is for six additional sessions of physical therapy for further rehabilitation of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 3 WEEKS, TO THE LEFT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would support the requested additional sessions of physical therapy in this case. Postsurgical Rehabilitative Guidelines provide for up to 24 sessions of physical therapy in the post-operative setting. At the time of the request, the claimant had completed an initial course of 18 sessions. Therefore, the additional six sessions would be medically indicated to complete the rehabilitative process for range of motion and strengthening.