

Case Number:	CM13-0014405		
Date Assigned:	10/02/2013	Date of Injury:	05/24/2012
Decision Date:	01/10/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California, Ohio, and Pennsylvania. 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 physician 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.

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 05/24/2012. The primary diagnosis is 840.9, shoulder sprain. The treating diagnosis in the medical records is left shoulder acromioclavicular osteoarthritis. On 07/20/2013, the patient was seen in orthopedic consultation and was noted to have left shoulder pain and weakness, worse with overhead activity. On exam the patient had decreased range of motion and weakness as well as positive impingement findings, consistent with an MRI of 06/19/2013 which showed degenerative changes of the acromioclavicular joint. That orthopedist recommended a left shoulder arthroscopy with distal clavicle excision and medical clearance prior to surgery and a 6-12 week course of postoperative physical therapy. An initial physician review noted that although postsurgical physical therapy was recommended, the associated surgical request had not been found to be medically necessary. Therefore, postoperative physical therapy was felt to not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left shoulder two (2) times three (3) i: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California medical treatment guidelines, postsurgical treatment guidelines, section 9792.24.3 state regarding a rotator cuff syndrome/impingement syndrome, "Postsurgical

treatment, arthroscopic: 24 visits over 14 weeks." In this case the medical records do not indicate that the underlying surgery has been certified. Therefore, the guidelines would not support postoperative physical therapy. This request is not medically necessary.