

Case Number:	CM13-0021566		
Date Assigned:	11/13/2013	Date of Injury:	01/29/2013
Decision Date:	01/22/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Orthopedic Surgery and is licensed to practice in Connecticut, North Carolina 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. 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 patient is a 55-year-old gentleman sustaining an injury to the left shoulder on 1/29/13. The initial injury was that of a clavicle fracture, for which the claimant underwent an open reduction internal fixation procedure in February of 2013. Specific to the claimant's left shoulder, there is current documentation of MRI report from 8/02/13 that shows subacromial bursitis with irregularities to the bursal surface of the rotator cuff with previous plate and screw fixation of the clavicle and no other significant findings. Orthopedic follow up of 08/07/13 with [REDACTED], [REDACTED], indicates ongoing complaints of pain about the left rib area and left shoulder with physical examination of the shoulder showing restricted forward flexion to 80 degrees and abduction to 70 degrees, internal rotation unable to be performed, and diminished motor strength. The claimant was diagnosed with adhesive capsulitis. Recommendations based on failed conservative measures were for a surgical arthroscopy, lysis of adhesions, capsular release, and manipulation under anesthesia. At present, the records do not indicate the claimant's surgical process has occurred. There is a request at present for 12 sessions of postoperative physical therapy for the left shoulder.

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 left 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: Based on California MTUS Postsurgical Rehabilitative Guidelines, while physical therapy following surgery for adhesive capsulitis could consist of up to 24 sessions over a 14 week period of time, the role of operative intervention in this case is not noted to have occurred at present. The absence of documentation of the procedure being authorized or performed would fail to necessitate the role of isolated postoperative treatment to the left shoulder based on the claimant's clinical records available for review.