

Case Number:	CM13-0035898		
Date Assigned:	12/13/2013	Date of Injury:	06/16/2010
Decision Date:	02/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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 claimant is a 58-year-old gentleman who was injured in a work related accident on June 16, 2010. At present there is a current request for postoperative physical therapy sessions for the claimant's left shoulder and left elbow. Records indicate a current complaint of left shoulder complaints with a progress report dated October 24, 2013 with [REDACTED] where the claimant was noted to be with continued complaints of pain about the shoulder with examination demonstrating positive impingement and Speed's testing to the left shoulder with restricted range of motion, AC joint tenderness and tenderness to the proximal biceps. An appeal for surgical process to the shoulder at that time included a left shoulder arthroscopy, Mumford procedure, subacromial decompression, debridement as well as postoperative use of a cryotherapy device, an Arc sling and physical therapy. At present there is no indication that the claimant has been approved for the above mentioned procedure

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post-Operative Physical Therapy visits for the left shoulder and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative Guidelines, twelve requested visits of therapy following an upcoming left shoulder procedure would not be indicated. The clinical records for review indicate an appeal for the above mentioned surgical process for the shoulder with no documentation that it is to occur. There would thus not be indication for postoperative physical therapy in absence of documentation of approval of surgical process or fact that surgical process has taken place. Therefore the request for 12 Post-Operative Physical Therapy visits for the left shoulder and left elbow is not medically necessary and appropriate.