

Case Number:	CM13-0039918		
Date Assigned:	12/20/2013	Date of Injury:	10/06/2010
Decision Date:	02/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/28/2013

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 patient is a 54-year-old who sustained a work related injury to the left shoulder on 10/06/10. Clinical records for review specific to the left shoulder indicated a lack of documentation of recent treatment. Orthopedic assessment of 04/10/13 showed subjective complaints of pain about the left shoulder that "comes and goes" with examination showing restricted motion with extension, but full abduction and flexion with "slight pain." There was positive empty can testing and impingement signs noted. Diagnosis was rotator cuff syndrome with acromioclavicular joint arthrosis. Documentation included a prior right shoulder surgical process, but no indication of left shoulder surgical process. There is a formal request at present for postoperative physical therapy for 12 sessions for the claimant's left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-surgical Rehabilitative Guidelines, physical therapy for the claimant's left shoulder would not be indicated. The claimant's appears

to be several years following the time of injury with no documentation of recent surgical process for the left shoulder. The request for "postoperative physical therapy" to the left shoulder is unclear would thus not be supported as medically necessary in regard to the claimant's continued course of care.