

Case Number:	CM13-0051109		
Date Assigned:	12/27/2013	Date of Injury:	07/03/2011
Decision Date:	02/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 40-year-old female who was injured in a work related accident on 07/03/11. The clinical records for review specific to her left shoulder include a 09/24/13 follow up report by [REDACTED] documenting continued complaints of pain about the shoulder. The report documented that the claimant was three months following a right shoulder arthroscopic decompression, distal clavicle resection, and labral debridement of 06/30/13 and that her contralateral left shoulder examination showed positive Neer and Hawkins testing, pain with cross body abduction, pain with terminal motion that was restricted to 135 degrees of forward flexion and 125 degrees of abduction. There was no formal imaging available for review. The treating physician cited a 10/16/11 MRI report of the left shoulder demonstrating "superior labral tear impingement and AC degenerative changes." Surgical process to the left shoulder was recommended in the form of a shoulder arthroscopy, labral repair, distal clavicle excision, and acromioplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy three times a week for six weeks for 18 sessions would not be indicated. There is no documentation to support that the claimant has or will undergo the proposed surgery to necessitate postoperative physical therapy. The need for operative intervention in this case has not been established, thus, negating the need of this postoperative modality.