

Case Number:	CM13-0054063		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2012
Decision Date:	03/13/2014	UR Denial Date:	10/14/2013
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:

This is a 44-year-old gentleman who was injured in a work-related accident on 5/25/12 sustaining injury to the left upper extremity. The clinical records available for review indicate that following a course of conservative care, a 1/7/13 operative procedure was performed by ■■■■■ in the form of a left shoulder arthroscopy and debridement and subacromial decompression. Following the procedure, the claimant has undergone a significant course of formal physical therapy as well as documentation of post-operative corticosteroid injections. A recent assessment by ■■■■■ dated 9/23/13 states that recent injection had provided temporary pain relief but still has not seen significant improvement. He recommended continued use of formal physical therapy at that time. It is unclear as to how many formal sessions of physical therapy have been utilized since the time of the claimant's operative procedure in January 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy two times four for the 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 rationale: Based on California MTUS Post-Surgical Treatment Guidelines, continued physical therapy in this case would not be indicated. Following surgery for impingement syndrome, guidelines criteria would recommend the role of 24 sessions of therapy over a fourteen week period of time with the post-surgical physical medicine treatment period being six months. The records indicate that the claimant has already undergone a substantial course of physical therapy since the time of operative intervention over a year ago. At present, there would be no clinical indication for continued need for physical therapy related to the claimant's January 2013 surgery. The specific request in this case would not be supported.