

Case Number:	CM13-0058782		
Date Assigned:	12/30/2013	Date of Injury:	12/21/2010
Decision Date:	03/26/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 50-year-old female who was injured on December 21, 2010. The records in this case are specific to recent surgical process. There is a request for twenty-four (24) sessions of postoperative physical therapy and the role of a continuous passive motion (CPM) machine. The clinical records for review indicate that the claimant was with initial injury to the left shoulder. There is documentation of failed conservative measures and a plan for surgical process to include a left shoulder arthroscopic evaluation with rotator cuff repair procedure. The specific request in this case is as stated, physical therapy beginning the second post op week, twice (2) weekly for twenty (20) to twenty-four (24) visits and the postoperative use of a CPM machine for an indeterminate period of time for postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for physical therapy, beginning the second week post-operatively, two (2) times per week for 20-24 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Guidelines recommend up to 24 physical therapy sessions post-operatively, with one-half of the total number certified initially. The requested 20-24 sessions of postoperative physical therapy exceeds guideline recommendations. Therefore, the request is non-certified.

request for a continuous passive motion (CPM) machine following shoulder surgery.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Continuous Passive Motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder procedure - Continuous passive motion (CPM).

Decision rationale: The California MTUS Guidelines are silent. When looking at the Official Disability Guideline criteria, the role of continuous passive motion to the shoulder is not indicated. Guidelines do not recommend the role of continuous passive motion to the shoulder in any clinical setting or for any postoperative diagnosis. The specific request in this case would not be indicated.