

Case Number:	CM13-0060609		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2013
Decision Date:	06/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic Medicine has a subspecialty in Acupuncture 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 expert 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 40 year old male who was working as a loader/sorter for 6 months. On Monday night (2/4/13), he was pushing a [REDACTED] about 40 feet onto the pallet. It hit a rock and it stopped abruptly and then the bilateral shoulders started to hurt. He continued to work but the pain was progressive. Treatments to date have included: medications, modified work duty and off work status, PT, subacromial injections. MRI of the left shoulder. X-rays of the left shoulder. An MRI of the left shoulder was performed on 4/10/13 which apparently noted supraspinatus and subscapularis tendinosis and a partial tear of the subscapularis. In addition the inferior acromion is curved laterally downsloping. Mild internal degenerative signal within the superior labrum. X-rays of the shoulder on 2/19/13 were unremarkable. On 8/23/13 a progress report noted: Chief complaints of left shoulder pain. Positive Orthopedic Tests have been noted. Motor exam indicated a 4/5 for the supraspinatus. Positive Orthopedic Testing has included the following: Neer's, Hawkins, Obrien. The patient's diagnosis includes: left shoulder rotator cuff tear, impingement syndrome and SLAP Tear. The claimant was seen by an orthopedist and recommended for surgery but there is no evidence or indication the surgery was ever authorized or the surgery was ever performed on this claimant. On 11/5/2013 Non-Certification was given for Post Op Physical Therapy 2 x a week x 6 weeks for the left shoulder. The reason for denial was stated as the surgery on the shoulder was not necessary so the post op PT was not necessary. This is the same request which has been submitted for IMR. Post OP Physical Therapy 2 x a week x 6 weeks for the left shoulder has been requested.

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 A WEEK FOR SIX WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER (UPDATED 6/12/13), PHYSICAL THERAPY.

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

Decision rationale: This claimant never had surgery pre-authorized for the shoulder. Furthermore there is no evidence or documentation the surgery on the shoulder was ever performed. So without having the shoulder surgery performed on the claimant there is no need for the claimant to have post op PT on the shoulder.