

Case Number:	CM13-0060613		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2011
Decision Date:	05/16/2014	UR Denial Date:	10/31/2013
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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 46-year-old female who reported injury on 11/1/11. The mechanism of injury was falling forward onto her left shoulder. The injured worker underwent a left shoulder arthroscopy on 5/30/13. Documentation of 10/17/13 revealed that the injured worker had attended 32 of 36 postsurgical visits. It was indicated that the injured worker had made slow overall progress with left shoulder rehabilitation. The injured worker had full passive range of motion with only mild end range discomfort noted. Point tenderness of the anterior shoulder was still evident. It was indicated that the injured worker tolerated the strengthening program, but continued to have significant limitations in functional use of the left upper extremity, especially overhead. The documentation of 10/18/13 revealed that the injured worker had strength of 2+/5 to 3/5 in the supraspinatus and 3-/5 to 4/5 in the infraspinatus. The injured worker had pain and crepitation secondary to her irreparable portion of the rotator cuff and exposed humeral head. The plan was to continue therapy with strengthening as much as possible. It was indicated the injured worker had made good improvement but would have permanent disability. Diagnoses included postsurgical states not elsewhere classified, shoulder region DIS not elsewhere classified, shoulder, sprain rotator cuff, and superior glenoid labrum lesion. The request was made for 12 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT POST-OP PHYSICAL THERAPY (2) A WEEK FOR (6) WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS guidelines state that the postsurgical treatment for rotator cuff syndrome is 24 physical therapy visits over 14 weeks. The clinical documentation submitted for review indicated that the injured worker had participated in 32 of 36 sessions. There was a lack of documentation of remaining functional deficits to support further treatment. The request would also exceed guideline recommendations. Given the above, the request for further postoperative physical therapy is not medically necessary.