

Case Number:	CM13-0065259		
Date Assigned:	05/12/2014	Date of Injury:	02/27/2013
Decision Date:	06/13/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Hand 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 33 year old male who reported an injury on 02/27/2013 secondary to lifting a television. An X-ray of the left shoulder on 03/04/2013 revealed no evidence of soft tissue or osseous pathology. An MRI of the left shoulder on 03/30/2013 revealed strain of the supraspinatus tendon, tear of anterosuperior portion of the labrum, and mild degenerative changes of the acromioclavicular joint. An MRI of the right shoulder on 03/30/2013 revealed an intact rotator cuff with mild degenerative changes of the right acromioclavicular joint. The injured worker was diagnosed with bilateral shoulder strain and a left labrum tear. He was evaluated on 10/28/2013 and reported bilateral shoulder pain of unknown severity with the right greater than the left. On physical examination of the shoulders bilaterally, he was noted to have full active range of motion and normal 5/5 motor strength. Speed's, Hawkin's, and O'Brien's tests were all noted to be negative. It was noted that there was no tenderness over the acromioclavicular joint and no appreciable impingement. Medications were noted to include flexeril, Vicodin, and ibuprofen. He was noted to have a "right" labral tear, and was recommended for arthroscopic evaluation for the "right" shoulder with repairs as needed." A request for authorization was submitted for post-operative physical therapy 2 times per week for 6 weeks for the left shoulder. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY 2 X PER WEEK X 6 WEEKS 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 Page(s): 27.

Decision rationale: The request for post-operative physical therapy 2 times per week for 6 weeks for the left shoulder is non-certified. The injured worker reported bilateral shoulder pain of unknown severity which was greater on the right than the left. MRI's revealed a labrum tear on the left shoulder and an intact rotator cuff on the right shoulder. The injured worker was originally diagnosed with bilateral shoulder sprain and a left labrum tear. According to the most recent evaluation, he was noted to have a right labral tear and was recommended for a right arthroscopic shoulder surgery. The request as written is for post-operative physical therapy for the left shoulder. It is unclear from the documentation provided that the requested physical therapy corresponds to the actual intended surgical site. Furthermore, there is no documentation that this surgical procedure has been certified. As such, the request for post-operative physical therapy 2 times per week for 6 weeks for the left shoulder is not medically necessary and appropriate.