

Case Number:	CM13-0070773		
Date Assigned:	01/08/2014	Date of Injury:	05/24/2012
Decision Date:	05/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesia, has subspecialties in Acupuncture and Pain Medicine, 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 patient is a 36 year old male with a date of injury of 5/24/12 and related left shoulder pain and weakness. Per the 10/28/13 progress note, symptoms worsened with overhead activity. Range of motion was restricted on the left, with positive impingement signs. He was diagnosed with left shoulder acromioclavicular joint osteoarthritis. An MRI of the left shoulder dated 6/19/13 demonstrated mild degenerative changes of the acromioclavicular joint with small quantity of fluid within the subacromial bursa. There were no labral or tendon tears. The injured worker was refractory to conservative treatment, including physical therapy, chiropractic care, acupuncture, cortisone injection, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The MTUS Postsurgical Treatment Guidelines state that for rotator cuff syndrome or impingement syndrome, 24 physical therapy visits over the course of 14 weeks may

be recommended. However, upon review of the medical records, the criteria for the surgery in question have not been met. As such, postoperative physical therapy cannot be recommended, and the request is not medically necessary.