

Case Number:	CM14-0000986		
Date Assigned:	01/10/2014	Date of Injury:	06/28/2000
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 51 year old female who reported an injury of unknown mechanism on 06/28/2000. In the clinical note dated 12/09/2013, the injured worker was seen for follow-up of her bilateral shoulders. The injured worker was documented as doing conservative therapy that included physical therapy, NSAIDs, and pain medication. The injured worker still complained of significant pain, especially in the right shoulder. The physical examination revealed left shoulder AC joint tenderness and the right shoulder had tenderness at the greater tuberosity, proximal biceps and at the AC joint. An Impingement test was documented as positive bilaterally. It was documented that the injured worker wanted to proceed with right shoulder arthroscopic subacromial decompression and debridement, repeat distal clavicle excision and treatment of rotator cup or labral pathology in either arthroscopic or mini open fashion since the right shoulder was more symptomatic. The treatment plan requested authorization of prescribed post-operative medications of anti-inflammatories, limited supply of narcotics, a limited supply of antibiotics, antiemetics, stool softener, vitamin C and physical therapy to be determined based on the exact procedure performed at the time of surgery. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 2 X 6: 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 request for post op physical therapy 2x6 is not medically necessary. The California MTUS guidelines state that up to 12 initial sessions of physical therapy is recommend for the proposed shoulder surgery. In the clinical notes provided for review, the request for right shoulder surgery had not been approved and the exact amount or duration of physical therapy was to be determined on the exact procedure performed. Therefore, the request for post-op physical therapy 2x6 is not medically necessary.