

Case Number:	CM14-0004201		
Date Assigned:	02/05/2014	Date of Injury:	08/24/2011
Decision Date:	08/01/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 67-year-old gentleman who tripped and fell at work and injured his right shoulder on 08/24/11. The records provided for review document that the claimant had surgery in February of 2012 consisting of right shoulder arthroscopy and rotator cuff repair. The postoperative clinical record of 11/22/13 noted continued complaints of pain in the shoulder. The physical examination showed restricted motion to 110 degrees of abduction, 130 degrees of forward flexion, tenderness over the acromioclavicular joint and restricted internal and external rotation. The report of a postoperative MRI demonstrated partial thickness tearing to the rotator cuff and acromioclavicular joint osteoarthritis. The recommendation was made for arthroscopy, extensive debridement and revision rotator cuff repair. There is a current request for postoperative physical therapy. The medical records do not indicate whether the shoulder surgery has occurred or has been authorized by carrier.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, physical therapy in the postoperative setting would not be indicated. At present, it is not clear whether the request for revision surgery of the claimant's right shoulder has been authorized. This information would be necessary prior to recommending the need for postoperative physical therapy.