

Case Number:	CM14-0004828		
Date Assigned:	01/24/2014	Date of Injury:	04/21/2009
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in 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 31 year old female who reported a fall on 04/21/2009. The clinical note dated 01/15/2014 indicated diagnoses of status post left shoulder arthroscopic distal clavicular excision and left shoulder arthroscopic subacromial decompression. The injured worker reported persistent pain with overall improvement status post surgeries on 05/07/2013. On physical exam, the range of motion findings to the left shoulder revealed forward flexion 100 degrees, abduction 90 degrees and external rotation 20 degrees. The injured worker's muscle tone was 4+ for both external and internal rotation. The injured worker completed 24 session of physical therapy. The request for authorization was submitted on 12/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 2X6 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 request for physical therapy 2x6 left shoulder is not medically necessary. The injured worker reported persistent pain but overall improvement status post surgeries on 05/07/2013. The California MTUS Guidelines indicate for rotator cuff

syndrome/impingement syndrome postsurgical treatment after arthroscopic procedures is 24 visits over 14 weeks. In addition, the guidelines also recommend active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The records indicate that the injured worker completed 24 sessions of physical therapy and should continue to active home therapy program focusing on stretching, strengthening and the use of hot and cold packs. There was a lack of documentation indicating the efficacy of the prior therapy. The injured worker completed 24 sessions; therefore, the request for 12 additional sessions would exceed the guideline recommendations. Therefore, per the California MTUS Guidelines, the request for physical therapy 2x6 left shoulder is not medically necessary or appropriate.