

Case Number:	CM14-0101814		
Date Assigned:	07/30/2014	Date of Injury:	10/01/2013
Decision Date:	12/26/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Practice and is licensed to practice in Ohio. 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 male developed right shoulder pain on October 1, 2013 while changing a heavy tire. He was discovered to have a glenoid tear of the shoulder and on March 13, 2014 he underwent a posterior labral repair versus suture capsulorrhaphy and open biceps tenodesis. He had 10 visits with physical therapy postoperatively and made progress in terms of range of motion the shoulder. He continued to have substantial strength deficits however and was unable to push, pull, or lift with that shoulder, and struggled with activities of daily living. After completion of 10 visits a physical therapy the right shoulder elevation was noted to be 160 and external rotation was noted 50. The diagnosis is a type II SLAP lesion with biceps tendonitis. At issue is a request for 12 additional postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 6 weeks for the right shoulder/biceps: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

Decision rationale: The Official Disability Guidelines allow for 24 physical therapy visits over 14 weeks for post-surgical treatment (labral repair/SLAP lesion). The injured worker had until this point had only 10 physical therapy visits and was clearly making progress. Consequently, physical therapy twice weekly for six weeks is medically appropriate and necessary as a follow-up to the 10 physical therapy visits already received.