

Case Number:	CM14-0103714		
Date Assigned:	07/30/2014	Date of Injury:	10/24/2013
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that the claimant was reportedly injured on 10/24/2013. The date of birth and mechanism of injury were not listed in the available medical records. The most recent progress note, dated 8/14/2014, indicated that there were ongoing complaints of left shoulder pain after arthroscopic left shoulder surgery on 3/19/2014. The physical examination of the left shoulder demonstrated tenderness over lateral bursa and medial scapula, neurovascular exam intact, passive range of motion: flexion/abduction 170 degrees, internal rotation (IR) to T12, external rotation (ER) 60 degrees. There was improved strength, but some ER and forward elevation (FE) weakness compared to right shoulder. No recent diagnostic imaging studies available for review. Previous treatment included twenty-four postoperative physical therapy visits. A request was made for additional postoperative physical therapy two times week for four to six weeks and was not certified in the preauthorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy 2 times per week for 4-6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support postsurgical physical therapy and recommend a maximum of twenty-four visits over fourteen weeks within six months of arthroscopic shoulder surgery. The claimant underwent twenty-four sessions of physical therapy and continues to complain of left shoulder pain. In addition, there was mention of a possible cervical spine etiology, but no cervical spine imaging was examination documented. Guidelines do not support additional physical therapy visits, and this request is not considered medically necessary.