

Case Number:	CM14-0104040		
Date Assigned:	07/30/2014	Date of Injury:	03/15/2011
Decision Date:	09/03/2014	UR Denial Date:	06/17/2014
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 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 request for continued postop physical therapy 8 sessions (2 x 4) of the left shoulder is medically necessary. The injured worker has a history of left shoulder pain. The California MTUS post-surgical treatment guideline for a rotator cuff syndrome/impingement syndrome is 24 visits over 14 weeks. There is lack of documentation of the ongoing deficit that will require additional physical therapy. There was documentation of the right shoulder having impingement with possible rotator cuff tear; however, there is lack of documentation to any surgery performed on the left shoulder. As such, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue post op physical therapy; eight (8) sessions (2x4) left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for continued postop physical therapy 8 sessions (2 x 4) of the left shoulder is medically necessary. The injured worker has a history of left shoulder pain. The California MTUS post-surgical treatment guideline for a rotator cuff syndrome/impingement

syndrome is 24 visits over 14 weeks. There is lack of documentation of the ongoing deficit that will require additional physical therapy. There was documentation of the right shoulder having impingement with possible rotator cuff tear; however, there is lack of documentation to any surgery performed on the left shoulder. As such, the request is not medically necessary.