

Case Number:	CM14-0010495		
Date Assigned:	02/21/2014	Date of Injury:	02/01/2011
Decision Date:	11/21/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in South Carolina and Tennessee. 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 37-year-old male who reported an injury on 02/01/2011. The mechanism of injury was not specifically stated. The current diagnoses include history of industrial injury to the left shoulder on 02/01/2011, status post orthopedic agreed medical evaluation on 04/03/2012, and status post left shoulder diagnostic and operative arthroscopy on 05/10/2013. The only physician progress report submitted for this review was documented on 11/20/2013. The injured worker presented with ongoing difficulty with overhead activities involving the left shoulder. The injured worker also reported numbness, stabbing, shocking pain throughout his left upper extremity, as well as stiffness and subsequent popping noises. The injured worker completed physical therapy in the past. Additionally, the injured worker was status post Kenalog injection into the left shoulder on 10/09/2013. Physical examination revealed well healed arthroscopic portals, 0 to 155 degree range of motion, and 4/5 manual muscle testing in all planes. Treatment recommendations at that time included additional physical therapy twice per week for 6 weeks. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL PHYSICAL THERAPY, 2 TIMES PER WEEK FOR 6 WEEKS FOR THE LEFT SHOULDER AS OUTPATIENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. As per the documentation submitted, the injured worker is status post diagnostic and operative arthroscopy on 05/10/2013. Postsurgical treatment following a sprained shoulder includes 24 visits over 14 weeks. It is noted that the injured worker has previously participated in postoperative physical therapy. However, the amount of physical therapy sessions completed to date is unknown. There was no documentation of the previous course with evidence of objective functional improvement. The request for Additional treatment is not medically necessary and appropriate.