

Case Number:	CM14-0012899		
Date Assigned:	02/24/2014	Date of Injury:	06/01/2010
Decision Date:	06/26/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/31/2014

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 54-year-old female who reported an injury on 03/07/2011. The mechanism of injury was not stated. The current diagnoses include status post left shoulder arthroscopic debridement and subacromial decompression with distal clavicle excision, biceps tenotomy, and manipulation under anesthesia. The injured worker was evaluated on 10/15/2013. Postoperative physical examination revealed well healing incisions without signs of swelling and minimal tenderness. The injured worker demonstrated 60 degrees internal rotation, 100 degrees flexion, and 90 degrees abduction. The treatment recommendations included continuation of current physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OP PHYSICAL THERAPY TWO (2) TIMES SIX (6) WEEKS FOR THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 AND 26-27.

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. Postsurgical treatment following impingement syndrome includes 24 visits over 14 weeks. The injured worker has completed an unknown amount of physical therapy to date. There is no documentation of objective functional improvement. The injured worker continues to report persistent pain. Therefore, additional treatment cannot be determined as medically appropriate. As such, the request is non-certified.