

Case Number:	CM14-0013388		
Date Assigned:	02/26/2014	Date of Injury:	04/21/2012
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 and is licensed to practice in Pennsylvania. 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 claimant is a 51-year-old gentleman who fell and injured his left shoulder in a work related accident on 04/21/12. The records provided for review documented that following a course of conservative care, the claimant underwent two surgical procedures for the rotator cuff in 2012 followed by a hemiarthroplasty of the left shoulder in June of 2013. Postoperatively, the claimant developed stiffness for which a fourth procedure on 09/20/13 took place in the form of a left shoulder arthroscopy, debridement and manipulation under anesthesia. Following surgery, the claimant attended 34 physical therapy sessions. A progress report dated 10/25/13 showed continued complaints of pain with the claimant doing poorly despite postoperative care. Physical examination showed a well healed incision with no neurologic deficit. Passive motion was to 90 degrees of forward flexion and abduction. There was a request for 12 additional sessions of physical therapy for the claimant's left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR LEFT SHOULDER

#12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Rehabilitative Guidelines, continued physical therapy following shoulder arthroscopy and manipulation under anesthesia would not be indicated. The records provided for review indicate 34 sessions of postoperative physical therapy completed to date with minimal progress with range of motion or pain in the postoperative setting. The acute need of 12 additional sessions of therapy, which would exceed Postsurgical Guideline criteria for both frequency and duration would not be supported. Therefore, the request is not medically necessary.