

Case Number:	CM14-0015011		
Date Assigned:	02/28/2014	Date of Injury:	04/21/2013
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/06/2014

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 Shoulder and Elbow Surgery 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 injured worker is a 49-year-old male who reported an injury on 04/21/2013 secondary to cumulative trauma. The injured worker was evaluated on 12/17/2013 for reports of stiffness and pain in his left shoulder. The exam noted tenderness to the subacromial bursal space and shoulder girdle musculature with positive Neer and Hawkins impingement signs, positive O'Brian's testing, tenderness to the AC joint with positive cross arm testing, forward flexion and abduction to 150 degrees and internal rotation to the SI joint with pain. The diagnoses included left shoulder and cervical spine injury. The treatment plan included conservative management of the left shoulder until the right shoulder has recovered from the recent right shoulder surgery. The Request for Authorization and rationale were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY 2 X 6 RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Shoulder, Physical Therapy.

Decision rationale: The request for post op physical therapy 2 x 6 right shoulder is not medically necessary. The Official Disability Guidelines may recommend physical therapy to improve short term recovery and long term function after labral repair. The guidelines further recommend a total of 24 visits over 14 weeks. The injured worker has already completed at 21 physical therapy sessions for the right shoulder. There is also a significant lack of clinical evidence of the right shoulder in the documentation provided. The request for an additional 12 visits in addition to the already completed 21 visits would exceed the recommended guidelines. Therefore, based on the documentation provided, the request is not medically necessary.