

Case Number:	CM14-0015437		
Date Assigned:	02/28/2014	Date of Injury:	03/17/2011
Decision Date:	12/18/2014	UR Denial Date:	01/24/2014
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 Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 patient has a date of injury of March 17, 2011. The patient complains of left shoulder pain. On physical examination is decreased range of motion of the left shoulder. MRI of the left shoulder from October 2012 shows mild arthritis and degenerative changes of the a.c. joint with a small partial thickness rotator cuff tear. The patient has been indicated for shoulder surgery. At issue is whether postoperative physical therapy is medically necessary.

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 TIMES A WEEK FOR 4 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.

Decision rationale: MTUS guidelines recommend postoperative physical therapy of 24 visits over 14 weeks. However postoperative physical therapy is not needed if there is not objective documentation providing improvement after initial trial of physical therapy. In addition, the medical records do not document that this patient has had adequate trial and failure of conservative measures for the treatment of shoulder pain. I do not see evidence of injection therapy and a response to subacromial injection therapy to the shoulder. It is unclear whether

surgery has been approved and the medical records. In my opinion, the patient does not meet criteria for surgery because the medical records do not document that the patient had an adequate trial and failure conservative measures for shoulder pain. Also, with respect to postoperative physical therapy, the patient should have initial short course of physical therapy with documented improvement before additional physical therapy is warranted. The request is not medically necessary at this time.