

Case Number:	CM14-0015883		
Date Assigned:	03/05/2014	Date of Injury:	03/06/2013
Decision Date:	04/15/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 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:

Patient is a 48 year old female with an industrial injury on 3/6/13. Chief complaint of left shoulder with pain radiating to left upper extremity and neck. Patient is status post left shoulder arthroscopic repair on 10/8/13. Exam notes from 12/10/13 demonstrate patient has left shoulder pain. Exam of left shoulder reveals positive apprehension and positive Hawkin's sign. Patient has been doing physical therapy, which seems to be helping. Exam on 1/6/14 demonstrates pain in left shoulder and around shoulder blades. She has posterior tenderness to the left shoulder and decreased strength in the internal and external rotation. Exam from 1/21/14 demonstrates left cervical compression, cervical radiculopathy, positive Cozen's on left elbow, and positive Tinel's on left elbow and wrist. Patient status post 20 post operative physical therapy visits to date. Request is for physical therapy 2 times a week for 4 weeks for treatment of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Physical Therapy 2 times a week for 4 weeks for treatment of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Worker's Compensation, Online Edition, Chapter on Shoulder - Physical Therapy

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

Decision rationale: CA MTUS/Post Surgical Treatment Guidelines page 27, post surgical treatment guidelines for shoulder arthroscopy is 24 visits. There is lack of functional improvement in the patient with 20 visits and the request exceeds the recommended amount of postoperative physical therapy. Therefore determination is for non-certification.