

Case Number:	CM14-0017481		
Date Assigned:	04/14/2014	Date of Injury:	05/04/2008
Decision Date:	05/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 40 year old female who reported an injury on 05/04/2008, there was not a mechanism of injury reported. A progress note reports the injured worker complained of persistent right shoulder and arm pain. The injured worker had surgery performed on 01/06/2014 which included a Left Shoulder Arthroscopic Subacromial Decompression, Arthroscopic Excisional Acromioclavicular Joint Arthroplasty-Mumford, Arthroscopic Rotator Cuff Debridement and Interarticular Injection. A follow up visit on 01/15/2014 showed injured worker complaining of aching pain in the neck and bilateral shoulders rated at 8/10. A Range of Motion exam performed on such date showed adductions at 40 degrees and extension at 40 degrees as well as biceps strength rated 5/5. The request for authorization submitted 01/15/2014 for post-operative physical therapy 2 times a week for five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER, X 12: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for physical therapy for left shoulder x12 is certified. The injured worker is post- surgical as of 01/06/2014. The injured worker was shown to have decreased range of motion in adduction and extension to 40 degrees. The California Medical Treatment Utilization Schedule recommends postsurgical physical therapy at 24 visits over 14 weeks following arthroscopic rotator cuff surgery. An initial course of therapy is recommended as one half the number of visits specified in the general course of therapy. As the patient had an arthroscopic rotator cuff repair performed on 01/06/2014, the guidelines support 12 visits for an initial course of physical therapy. As such, physical therapy for the left shoulder x12 is certified.