

Case Number:	CM14-0017676		
Date Assigned:	04/16/2014	Date of Injury:	01/19/2007
Decision Date:	06/03/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The claimant is a 48-year-old gentleman who was injured on January 19, 2007. The records indicate an injury to the left shoulder for which he underwent surgical process on October 7, 2013 in the form of a left shoulder arthroscopy with subacromial decompression and excision of distal clavicle. The recent assessment of January 9, 2014 indicates the claimant is doing well following surgery with 170 degrees of forward flexion, 70 degrees of external rotation and mild AC joint tenderness to palpation on examination. Strength was still noted to be diminished. He has undergone twenty-four sessions of postoperative physical therapy with request at January 9, 2014 assessment for twelve additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY 2X6 TO LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve additional sessions of physical therapy would not be indicated. This individual is with essentially full range of motion at last assessment of January 9, 2014 having already undergone twenty-four

sessions of postoperative therapy to date. An additional twelve sessions of therapy would exceed Guideline criteria and would not be indicated. This request would not be supported.