

Case Number:	CM14-0019253		
Date Assigned:	04/21/2014	Date of Injury:	03/18/2013
Decision Date:	07/02/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/14/2014

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:

This is a 59 year old female with bilateral shoulder injuries 3/18/13 from repetitive motion. Right shoulder MRI 7/29/13 demonstrates no evidence of rotator cuff tear with mild to moderate hypertrophic changes on the inferior aspect of the right acromioclavicular joint. Exam note from 7/30/13 demonstrate complaint of bilateral shoulder pain right greater than left. Report of trial of rest, anti-inflammatories and activity modification without improvement. Report of subacromial injection into shoulder with some improvement. Operative report from 3/26/14 for left shoulder demonstrates subacromial decompression performed with distal clavicle excision and biceps tenodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY FOR THE RIGHT SHOULDER, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the California MTUS Guidelines.

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

Decision rationale: In this case the requested postoperative physical therapy is for the right shoulder. The records do not demonstrate prior authorization or surgical care rendered to the right shoulder. Therefore the request for post operative physical therapy for the right shoulder two (2) times a week for four (4) weeks is not medically necessary or appropriate.