

Case Number:	CM14-0138172		
Date Assigned:	09/05/2014	Date of Injury:	09/19/2011
Decision Date:	10/03/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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 Surgeon and is licensed to practice in Texas. 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 58-year-old male who reported an injury of unknown mechanism on 09/19/2011. On 05/30/2014, his diagnoses included cervical spine myofasciitis with radiculitis and status post right shoulder arthroscopic surgery. His complaints included left shoulder pain and numbness with movement. Tenderness was noted in both shoulders, with left shoulder weakness measured at 4/5. There were positive hyperextension and Spurling tests in both shoulders, greater on the left than on the right. The treatment plan included waiting for another physician's report and the rest of it was not legible due to poor reproductive quality. There was no mention made in the submitted documentation of a proposed surgery for the left shoulder. The Request for Authorization dated 07/05/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial post-op physical therapy 2 times a week for 6 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The request for initial post op physical therapy 2 times a week for 6 weeks for the left shoulder is not medically necessary. Per the California Medical Treatment Utilization Schedule (MTUS) Surgical Treatment Guidelines, an initial course of therapy means one half the numbers of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment guidelines. The post-surgical treatment for arthroscopic shoulder surgery is 24 visits over 14 weeks. The 12 visits requested do fall within the parameters of the guidelines. However, there was no documentation of a proposed surgery or that any surgery had taken place on this injured worker's left shoulder. The clinical information submitted failed to meet the evidence based guidelines for postoperative physical therapy. Therefore, this request for initial post op physical therapy 2 times a week for 6 weeks for the left shoulder is not medically necessary.