

Case Number:	CM14-0138338		
Date Assigned:	09/05/2014	Date of Injury:	02/09/2014
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
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 Family Medicine 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 injured worker is a 52 year old female whose date of injury is 02/09/2014. On this date a large cabinet full of office supplies fell onto her left shoulder, neck, elbow and wrist. The injured worker is status post left rotator cuff repair, decompression and distal clavicle resection on 04/10/14 and has been authorized for 24 postoperative physical therapy visits to date. Follow up note dated 07/21/14 indicates that she has excellent wound healing. She tolerates 0 to 145 degrees of active forward flexion, forward elevation and abduction. The injured worker has 4+/5 motor strength of her rotator cuff muscles. Impression notes resolving adhesive capsulitis and status post industrial left shoulder injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation (TWC), Shoulder Procedures Summary last updated 04/24/2014.

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

Decision rationale: Based on the clinical information provided, the request for 8 physical therapy is not recommended as medically necessary. The injured worker is status post left rotator cuff repair, decompression and distal clavicle resection on 04/10/14 and has been authorized for 24 postoperative physical therapy visits to date. CA MTUS guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.

4 physical therapy sessions for 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 Workers Compensation (TWC), Shoulder Procedures Summary last updated 04/24/2014.

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

Decision rationale: Based on the clinical information provided, the request for 4 physical therapy is not recommended as medically necessary. The injured worker is status post left rotator cuff repair, decompression and distal clavicle resection on 04/10/14 and has been authorized for 24 postoperative physical therapy visits to date. CA MTUS guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.