

Case Number:	CM14-0138671		
Date Assigned:	10/01/2014	Date of Injury:	12/10/2012
Decision Date:	10/28/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/27/2014

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 General Surgery and is licensed to practice in California and Nevada. 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 60-year-old male who was injured 12/10/12. Surgery for rotator cuff repair was done 3/6/13. The patient had physical therapy postoperatively and had continued to complain of pain with overhead activity per a 6/26/14 therapist's note. The patient was seen 4/17/14 with symptoms consistent with left shoulder impingement. Weakness seems related to pain which occurs with certain movement. The requesting provider felt the symptoms were fairly typical of bursitis and impingement. He did have nighttime pain. Provocative signs were +/- . Physical therapy had begun 5/30 and the 8th session had been completed 6/26. He had improved functionally but was still having weakness and pain. This same report notes dated 7/28/14 stated that the patient had done well with physical therapy in the past and he again recommended 8 physical therapy sessions, advised to now use Ibuprofen instead of Methoderm and provided with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the left shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index,

9th Edition (web), Physical Therapy Guidelines - Rotator cuff syndrome/Impingement syndrome.

Decision rationale: According to the Official Disability Guidelines (ODG), "Rotator cuff syndrome/Impingement syndrome. Medical treatment: 10 visits over 8 weeks". In this case, the first 8 sessions of physical therapy beginning again 5/30 did result in functional improvement. Therefore, the request for physical therapy for the left shoulder, twice a week for four weeks is medically necessary and appropriate.