

Case Number:	CM14-0152786		
Date Assigned:	09/22/2014	Date of Injury:	03/01/2012
Decision Date:	11/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/15/2014

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 female who developed an acute onset of chest pain, left arm pain and shoulder pain on 03/01/12 while performing repetitive work type activities. The claimant was diagnosed with bilateral carpal tunnel syndrome and left shoulder impingement. Medical records for review specific to the claimant's left shoulder documented that the claimant underwent left shoulder arthroscopy and subacromial decompression on 04/11/14. Postoperative records indicated the claimant began and progressed through a course of twenty-four physical therapy sessions. The office visit on 08/13/14 documented diminished complaints of pain since surgery with mildly restricted range of motion of 120 degrees of abduction and forward flexion with no documented weakness or impingement findings. The recommendation was made for eight (8) additional sessions of postoperative physical therapy for the claimant's left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy two times a week for four weeks for the 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 the California MTUS Post-Surgical Rehabilitative Guidelines, the request for eight (8) additional sessions of physical therapy cannot be recommended as medically

necessary. The Post-Surgical Guidelines recommend up to twenty-four physical therapy sessions post surgery for subacromial decompression. The claimant has already met the guideline criteria since the time of the subacromial decompression in April, 2014. As a result of the therapy provided thus far, the claimant would be competent in performing her home exercise program. There is no indication as to why individual would be unable to progress to home exercise program at this point in recovery and the requested physical therapy for eight additional sessions is not recommended as medically necessary.