

Case Number:	CM14-0152974		
Date Assigned:	09/23/2014	Date of Injury:	04/23/2013
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 54-year-old gentleman who injured his left shoulder on 04/23/13. The clinical records provided for review documented that following a course of conservative care the claimant underwent left shoulder arthroscopy, debridement of the labrum and rotator cuff, subacromial decompression, distal clavicle excision, and biceps tenodesis on 05/16/14. Postoperative clinical records dated 8/20/14 described continued complaints of hand swelling. Physical examination revealed that the left upper extremity was immobilized in a sling, there was moderate hand edema, decreased grip strength, and no documentation of pertinent shoulder findings. The records indicate that the claimant had undergone fifteen sessions of physical therapy between the initial postoperative assessment and 8/15/14. Based on the current clinical findings, the recommendation was made for eighteen additional sessions of physical therapy for postoperative treatment of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Post operative physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The claimant has had fifteen sessions of postoperative physical therapy to date and the additional eighteen sessions of therapy would far exceed the recommended twenty-four sessions by the MTUS Postsurgical Guidelines. There is no documentation to explain why transition to a home exercise program would not be more appropriate. While there is evidence of postoperative hand swelling, there are no current formal objective findings in regard to the shoulder to support the need for physical therapy that would exceed the standard guideline parameters. Based on California MTUS Postsurgical Rehabilitation Guidelines, the request for eighteen additional sessions of postoperative physical therapy is not recommended as medically necessary.