

Case Number:	CM14-0157768		
Date Assigned:	10/01/2014	Date of Injury:	08/20/2013
Decision Date:	10/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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 New York. 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 patient is a 46-year-old female with a date of injury of August 20, 2013. She has right shoulder pain. Right shoulder magnetic resonance imaging (MRI) from 2014 show supraspinatus tendinosis and possible SLAP lesion. Patient attended 3 physical therapy sessions for the shoulders. Physical examination shows continued pain and discomfort with motion of the bilateral shoulders. Patient is unable to lift arms without pain. There is tenderness palpation of the shoulders. O'Brien's test is negative. Speed test is negative and Yergason's test is negative. There is no demonstrable instability on physical examination. Grip test is normal. At issue is whether surgeries medically necessary at this time and whether postoperative physical therapy is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 3xweek x 4weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Online Edition Shoulder, Physical Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS shoulder pain chapter, ODG shoulder pain chapter

Decision rationale: This patient does not meet establish criteria for shoulder surgery at this time. Specifically there is no documentation of a trial and failure of adequate conservative measures to include subacromial injection therapy. There is no documentation of subacromial steroid injection and his results. In addition adequate physical therapy preoperatively has not been established. The medical records do not document that all conservative measures have been exhausted at this time. Since shoulder surgery is not medically necessary, therefore postoperative shoulder physical therapy is not needed.