

Case Number:	CM14-0166898		
Date Assigned:	10/14/2014	Date of Injury:	02/03/2013
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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 Montana. 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 55 year old female housekeeper who sustained an injury to the left shoulder on February 3, 2013 while throwing a bag of trash into a dumpster. After failing conservative treatment, she underwent an arthroscopic left rotator cuff repair, subacromial decompression and acromioplasty with manipulation under anesthesia on May 2, 2013. She has had continued left shoulder pain and stiffness postoperatively which has not responded to physical therapy, medications, activity modification, and rest. She was placed at permanent and stationary status on January 6, 2014 and this was confirmed by an agreed medical examiner on August 29, 2014. The examiner stated that barring another injury, further surgery was not indicated. The most recent report on September 19, 2014 from the treating provider noted there was a pending request for left shoulder arthroscopic rotator cuff repair with postoperative physical therapy (number of sessions not documented). However, there are no notes from the treating surgeon. There is a request for one postoperative physical therapy visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 1 x week x 1 week left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Shoulder; Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

Decision rationale: There is no documentation of certification of the request for left shoulder arthroscopy. Consequently, the request for postoperative physical therapy is disputed. The Medical Treatment Utilization Schedule and the Official Disability Guidelines note that a complete history and clinical examination is to be documented prior to recommending treatment. Absent any information documenting approval for any industrial injury, the requested one postoperative physical therapy visit for the left shoulder cannot be recommended for certification. It is therefore considered not medically necessary.