

Case Number:	CM14-0180699		
Date Assigned:	11/05/2014	Date of Injury:	12/07/2009
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/30/2014

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 Spine Surgeon 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 has chronic left shoulder pain. On physical examination there is tenderness along the subacromial region and a.c joint. Impingement test causes pain. Flexion is 100 extension is to 30 and abduction is a 75. The patient had left shoulder injection on July 22, 2014. The patient was approved for surgical consultation of the left shoulder on September 29, 2014. At issue is whether postoperative physical therapy for the left shoulder is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for the left shoulder, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG shoulder chapter

Decision rationale: This patient has chronic left shoulder pain. The patient has been indicated for shoulder surgery. ODG guidelines recommend 24 visits over 14 weeks for postsurgical treatment of arthroscopic rotator cuff surgery. Open rotator cuff surgery as recommended is a 30 visits over 18 weeks. Criteria indicate to justify ongoing postoperative visits the patient should undergo 6 visit clinical trial to see if the patient is improving with physical therapy.

Postoperative physical therapy should be reevaluated every 6 weeks based on functional improvement. In this case the requested 8 visits of postoperative physical therapy is in excess of ODG guidelines since there is no documented functional proven at this time. Therefore, Post-operative physical therapy for the left shoulder, 2x4 is not medically necessary.