

Case Number:	CM14-0024191		
Date Assigned:	06/11/2014	Date of Injury:	10/15/2012
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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:

This is a patient with a date of injury of 10/15/12. A utilization review determination dated 2/10/14 recommends non-certification of post-op PT for the left shoulder. The patient was noted to have undergone surgery on 11/1/13 followed by 24 PT sessions. A 2/4/14 medical report identifies that both shoulders are bothering the patient. There is posterior trapezius pain and right biceps pain, some pain overhead. On exam, there is tenderness over the left shoulder proximal bicipital groove. There is loss of fullness in the left biceps suggesting degenerative proximal biceps tendon rupture. The provider recommended a course of PT for the left shoulder to see if it will help the patient and, if it doesn't, reorder an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY FOR THE LEFT SHOULDER: 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 Page(s): 10, 27.

Decision rationale: Regarding the request for post-op physical therapy for the left shoulder, California MTUS recommended up to 24 sessions postoperatively for the shoulder. Within the

documentation available for review, there is documentation that 24 postoperative PT sessions had been completed prior to the current request. There is no documentation of significant functional deficits that would not be expected to resolve with independent home exercise, but would likely respond to further formal therapy. There is no rationale identifying the medical necessity of PT beyond the recommendations of the CA MTUS for this patient. In light of the above issues, the currently requested post-op physical therapy for the left shoulder is not medically necessary.