

Case Number:	CM14-0025330		
Date Assigned:	06/13/2014	Date of Injury:	05/28/2013
Decision Date:	07/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 injured worker is a 60-year-old male who reported an injury on 05/28/2014. The mechanism of injury was a motor vehicle accident. Diagnoses included joint pain of the shoulder, cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus, sprain/strain of coracoclavicular ligament, sprain of the rotator cuff, cervical myofascial sprain/strain, and lumbar myofascial sprain/strain. Previous treatments include CT, X-rays, medication, and surgery. The injured worker underwent a left shoulder arthroscopic AC joint reconstruction on 09/11/2013. Within the clinical note dated 03/20/2014, it was reported the injured worker complained of left shoulder pain and stiffness. Upon the physical examination of the left shoulder, the provider noted active flexion at 130 degrees. It was indicated the injured worker had moderate pain with range of motion of the left shoulder. The provider requested postoperative physical therapy. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated on 03/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER POST OPERATIVE PHYSICAL THERAPY (2 X 6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Postsurgical Treatment Guidelines recommend postsurgical treatment of 24 visits over 14 weeks with postsurgical physical medicine treatment period of 6 months. The guidelines note initial course of therapy means one half of the number of visits specified in the general course of therapy for specific surgery in the postsurgical physical medicine treatment recommendations. The request submitted exceeds the postsurgical treatment period of 6 months. The injured worker's prior course of physical therapy was not provided. There is a lack of documentation indicating the efficacy of the previous course of physical therapy along with length of physical therapy the injured worker has already utilized. Therefore, the request is not medically necessary.