

Case Number:	CM14-0031076		
Date Assigned:	06/20/2014	Date of Injury:	05/20/2011
Decision Date:	09/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 Occupational Medicine 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 female with date of injury on 5/20/2011. Per progress report dated 3/25/2014, the injured worker is status post left shoulder diagnostic and operative arthroscopy on 10/11/2013. She is progressing extremely well. Her range of motion is back to full. She has been at light duty at work and would like to progress through to return to full duty in a couple of weeks. On examination, the left shoulder showed well healed arthroscopic portals, forward flexion and abduction of 175 degrees. Internal rotation is to L3. Manual muscle testing is 5/5 in all planes and mild tenderness to palpation to the bicipital groove. Diagnoses include industrial injury to left shoulder on 5/20/2011, neurodiagnostic testing of bilateral upper extremities in November 2012 noted to be normal, status post Kenalog injection to the left shoulder on 6/18/2013, and status post Kenalog diagnostic and operative arthroscopy on the left shoulder on 10/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 (12 sessions) for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

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

Decision rationale: Per the postsurgical treatment guidelines, following arthroscopic surgery of the shoulder, 24 visits of physical therapy is recommended over 14 weeks. The postsurgical physical medicine treatment period is 6 months. The injured worker was within the post-surgical treatment period and provided 24 visits to physical therapy. At the time of this request the injured worker had only completed half of her approved therapy. Now that she has completed all 24 sessions, she is doing well and the requesting physician is recommending her to continue with her home exercise program. The request for Physical Therapy 2 x 6 (12 sessions) for the left shoulder is determined to not be medically necessary.