

Case Number:	CM14-0035007		
Date Assigned:	06/23/2014	Date of Injury:	05/31/2013
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 46-year-old female who reported an injury on 05/31/2013 after taking out the trash. The injured worker reportedly sustained an injury to the left shoulder. The injured worker was treated conservatively; however, ultimately underwent subacromial decompression and rotator cuff repair with distal clavicle excision on 08/27/2013. The clinical documentation indicated that the injured worker had participated in approximately 32 visits of physical therapy. The injured worker was evaluated on 02/27/2014. It was documented that the injured worker had a decrease in range of motion secondary to pain and no change in motor strength deficits resulting from continued physical therapy. A request was made for 6 additional physical therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Left Shoulder PT 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: The California Medical Treatment Utilization Schedule recommends up to 24 visits of postoperative physical therapy in the management of rotator cuff repair and

impingement syndrome. The clinical documentation submitted for review does indicate that the injured worker has already exceeded this recommendation and has a very poor pain tolerance; however, the clinical documentation submitted for review does not adequately identify significant functional gains resulting from previous treatment. Therefore, continued physical therapy would not be supported. As such, the requested 6 post-operative left shoulder physical therapy sessions is not medically necessary or appropriate.