

Case Number:	CM14-0035969		
Date Assigned:	06/23/2014	Date of Injury:	07/03/2011
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 claimant is a 40-year-old female who was injured in a work related accident on 07/03/11. The records for review documented injuries to the right knee, thoracic and lumbar spine, left leg, ankle and shoulder following a fall while walking up the stairs of an airplane. The documentation regarding injuries to both shoulders reveals the claimant is status post a right shoulder decompression, distal clavicle resection, and labral debridement surgery on 06/30/13. The current recommendation is for left shoulder diagnostic arthroscopy with possible rotator cuff repair and other surgery "as indicated." The request for surgery of the left shoulder has been approved by the utilization review process. This review is for postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder (updated 01/20/14)- Physical therapy (labral repair/SLAP lesion).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 initial sessions of postoperative physical therapy would be indicated. The Postsurgical rehabilitative

Guidelines following arthroscopy and rotator cuff procedures typically recommend up to 24 sessions of therapy in the postoperative setting. The request for 12 initial sessions of therapy would fall within the guidelines and be recommended as medically necessary. Therefore, the request is medically necessary.