

Case Number:	CM14-0040240		
Date Assigned:	06/27/2014	Date of Injury:	01/02/2014
Decision Date:	08/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This is a 55-year-old gentleman who fell at work and injured his left shoulder on 1/2/14. The records provided for review include the report of an MRI dated 1/24/14 identifying subacromial bursitis, acromioclavicular joint arthrosis, and tendinitis with no indication of full thickness tearing or deficit. The follow up evaluation dated 3/13/14 noted continued complaints of pain, positive impingement sign, negative O'Brien's testing, and no rotator cuff weakness. Reviewed at the time of the evaluation was the claimant's MRI findings. It was documented that conservative care included therapy and activity restrictions. The recommendation was made for shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-operative physical therapy visits for the right shoulder (3 times a week for 4 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California MTUS Postsurgical Treatment Guidelines, twelve sessions of post-operative physical therapy for the right shoulder cannot be recommended as medically necessary. The medical records in this case do not confirm that the proposed surgery

has been certified. Without documentation of a surgical process, the need of post-operative physical therapy is not currently indicated. As such, the request is not medically necessary.