

Case Number:	CM14-0052213		
Date Assigned:	07/07/2014	Date of Injury:	10/08/2013
Decision Date:	08/06/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 and Utah. 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 41-year-old male who reported an injury on 10/08/2013 after lifting boxes. The injured worker reportedly sustained an injury to his left elbow. The injured worker failed to respond to conservative treatment and ultimately underwent surgical intervention for the left shoulder. The injured worker was evaluated postsurgically on 01/15/2014. Physical findings included a clean and dry incision with normal sensation and painful range of motion. A request was made for postsurgical Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the left lower arm and left shoulder:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder Procedure Summary.

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

Decision rationale: The request for Physical Therapy 3 times a week for 6 weeks for the left lower arm and left shoulder are not medically necessary or appropriate. The clinical

documentation does indicate that the injured worker underwent surgical intervention that would require postsurgical physical therapy. The California Medical Treatment Utilization Schedule recommends a total of 24 visits over 14 weeks in the postsurgical management of rotator cuff syndrome/impingement syndrome. However, California Medical Treatment Utilization Schedule also recommends an initial course of therapy equal to half the number of recommended visits. This would be 12 Physical Therapy visits. The request exceeds this recommendation. There were no exceptional factors noted in the submitted documentation to extend treatment beyond guideline recommendations. As such, the requested Physical Therapy 3 times a week for 6 weeks for the left lower arm and left shoulder are not medically necessary or appropriate.