

Case Number:	CM14-0063972		
Date Assigned:	07/11/2014	Date of Injury:	06/18/2012
Decision Date:	08/13/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/06/2014

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 30-year-old gentleman who sustained an injury to the left shoulder in a work-related accident on 6/18/12. The clinical records provided for review include a follow up report dated 6/23/14 that documents the claimant's diagnosis as left shoulder status post arthroscopic partial synovectomy with SLAP repair and subacromial decompression. Objective findings on examination noted that function was full and active with full range of motion and tenderness to the proximal biceps. It documents that the claimant's SLAP lesion has now failed. Formal imaging was not provided in the medical records. A revision SLAP repair was recommended with twelve sessions of post-operative 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 2Xwks X 6wks Left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Post-Surgical Rehabilitative Guidelines, twelve sessions of physical therapy would not be indicated. The records indicate that this individual has continued complaints of pain in the left shoulder with surgical intervention in the form of a revision SLAP repair being recommended. There is currently no documentation of authorization

for the surgery or indication that operative procedure has taken place. In absence of this information, the request for post-operative physical therapy in this setting cannot be indicated as medically necessary.