MAXIMUS Federal Services

Case Number:	CM14-0065163		
Date Assigned:	07/11/2014	Date of Injury:	10/31/2011
Decision Date:	09/15/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 44 year old female whose date of injury is 10/31/11. On this date the injured worker was walking in a hallway when a coworker bumped into her left side with a full rack causing injury to the left arm/upper extremity. The injured worker underwent arthroscopic debridement of the left shoulder on 02/18/13 followed by revision surgery and has completed 22 postoperative physical therapy visits to date. Note dated 04/04/14 indicates that she feels physical therapy was helpful and movement is better. Diagnoses are left shoulder arthroscopic surgery, left shoulder partial tear of the supraspinatus tendon with joint effusion per MRI; left shoulder impingement; left shoulder arthroscopic revision subacromial decompression on 11/11/13, right shoulder impingement, bilateral trapezial myofascitis, bilateral forearm sprain/strain, bilateral wrist pain and numbness rule out median neuropathy, left index finger stenosis trigger finger, bilateral upper extremity overuse syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 L SHOULDER: 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: Based on the clinical information provided, the request for physical therapy 2 times 4 left shoulder is not recommended as medically necessary. The injured worker underwent arthroscopic debridement of the left shoulder on 02/18/13 followed by revision surgery and has completed 22 postoperative physical therapy visits to date. CA MTUS guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.