

Case Number:	CM14-0096654		
Date Assigned:	07/28/2014	Date of Injury:	03/07/2003
Decision Date:	09/09/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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:

71 year old female claimant with industrial injury reported on 3/7/03. Exam note from 5/16/14 demonstrates claimant has pain and discomfort in the left shoulder. Exam demonstrates forward flexion elevation of 90 degrees, extension of 30 degrees and internal rotation to L5. Rotator cuff strength is noted to be 4/5 in external rotation. Infraspinatus and supraspinatus is noted to have 4/5 strength. Report of positive impingement signs with diagnosis of recurrent left shoulder supraspinatus rotator cuff tendon tearing. Utilization review demonstrates non-certification on 6/4/14 for the requested shoulder procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Initial Postoperative Physical Therapy Visits for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination is for non-certification for 12 visits of postoperative physical therapy visits to the left shoulder.