

Case Number:	CM13-0034871		
Date Assigned:	12/11/2013	Date of Injury:	10/02/2012
Decision Date:	04/20/2015	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 30-year-old male, who sustained an industrial injury on October 2, 2012. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having a frozen left shoulder status post scope. Treatment to date has included surgery, physical therapy, icing, and medication. Currently, the injured worker complains of left shoulder pain. The Primary Treating Physician's report dated September 24, 2013, noted the injured worker status post left shoulder scope with forward flexion at 160 and abduction at 150. The Physician was requesting additional physical therapy to increase strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OP PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS FOR THE LEFT 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: The injured worker had undergone arthroscopy of the left shoulder. The operative report has not been provided. The initial course of therapy for rotator cuff syndrome/impingement syndrome is 12 visits. Then with documentation of objective functional improvement a subsequent course of therapy of 12 visits may be prescribed. On September 24, 2013 the forward flexion of the left shoulder was 160 degrees and abduction 150 degrees. The IW had completed the initial course of therapy. Additional physical therapy 2 times a week for 3 weeks was requested for strengthening. There is no reason why the IW could not transition to a home exercise program at that time. Therefore, the request for additional physical therapy is not supported and the medical necessity is not established.