

Case Number:	CM14-0144370		
Date Assigned:	09/18/2014	Date of Injury:	04/20/2009
Decision Date:	10/30/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/05/2014

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:

This claimant is a 44-year old female who injured her left shoulder in a work-related accident dated on 04/20/09. The medical records provided for review included the 07/28/14 progress report documenting that the claimant remained symptomatic despite conservative care including a recent corticosteroid injection. Physical examination showed positive impingement testing with no instability. Based on failed conservative care, the recommendation was made for left shoulder arthroscopy, subacromial decompression, distal clavicle excision, and possible rotator cuff repair. This review is for the request for twelve sessions of initial physical therapy following the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) Postsurgical Physical Therapy visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Sprained shoulder; rotator cuff (ICD9 840; 840.4):Rotator cuff syndrome/Impingement.

Decision rationale: The request for twelve initial sessions of physical therapy is medically necessary. The request for physical therapy would be supported based on the claimant's surgical request in the form of shoulder arthroscopy and potential rotator cuff repair. Postsurgical

Guidelines in regard to shoulder arthroscopy and rotator cuff assessment recommend up to 24 sessions of therapy over a 14 week period of time. The initial request for twelve sessions of physical therapy would be indicated as medically necessary.