MAXIMUS Federal Services

Case Number:	CM14-0145899		
Date Assigned:	09/12/2014	Date of Injury:	01/04/2014
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 52-year-old female who reported an injury on 01/04/2014. The injured worker sustained injuries to her shoulder throwing cheese blocks. The injured worker's treatment history included medications, cortisone injections, MRI studies, and x-rays. The injured worker was evaluated 08/13/2014 and it was documented that the injured worker was being seen for a followup on her left shoulder after doing the cortisone injection. She had noticed some improvement with the cortisone injection. However, she continued to struggle with pain, decreased range of motion, and decreased strength. On examination, she forward elevates to about 130 degrees, externally rotates to about 40 degrees, and internally rotates to the mid to low lumbar level. The AC joint was mildly tender. Impingement test was positive. Rotator cuff strength was 4/5. She had symptomatic symmetrical neck range of motion. Range of motion does not elicit symptoms. It was documented because the injured worker failed conservative therapy, the provider will consider arthroscopic decompression and debridement and treatment of any rotator cuff or labral pathology in either arthroscopic or mini open fashion. Diagnoses included left shoulder impingement with partial thickness rotator cuff tear and mild AC joint arthritis. The Request for Authorization dated 08/22/2014 was for physical therapy left shoulder post-op.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left shoulder post-op: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11& 26..

Decision rationale: The request for post-operative physical therapy for left shoulder is not medically necessary. Post- Surgical Treatment Guidelines state that "Postsurgical physical medicine period" means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision of this section. For all surgeries not covered by these guidelines the postsurgical physical medicine period is six (6) months. Treatment for Adhesive capsulitis is 24 visits over 14 weeks no more than 6 months of post-surgical medicine treatment. The documentation submitted on 08/13/2014 indicated the injured worker has not even been approved for surgery at this time. Moreover, the request lacked frequency and duration of required sessions. As such, the request for post-op physical therapy is not medically necessary.