

Case Number:	CM14-0180339		
Date Assigned:	11/05/2014	Date of Injury:	01/30/2014
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/30/2014

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 Spine Surgeon and is licensed to practice in New York. 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 patient is a 53-year-old male with chronic left shoulder pain and back pain. The patient describes pain with any motion of the left shoulder. The patient has a date of injury of January 30, 2014. X-rays of the left shoulder were normal. The patient had 24 sessions of physical therapy which were not helpful. MRI of the left shoulder revealed rotator cuff tear. The patient underwent left shoulder arthroscopy in 21 May 2014. He has had physical therapy for the left shoulder postoperatively. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associates Surgical Services: Post-operative Physical Therapy Left Shoulder: Upheld

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

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

Decision rationale: This patient does not meet establish criteria for additional shoulder physical therapy at this time. The medical records indicate that the patient is early had postoperative physical therapy. The medical records do not document functional improvement with postoperative physical therapy. In addition, the medical records do not include documentation of exactly how many episodes of physical therapy the patient has had postoperatively. Additional

physical therapy is not medically necessary at this time and MTUS criteria for physical therapy after shoulder surgery are not met.