

Case Number:	CM14-0185146		
Date Assigned:	11/13/2014	Date of Injury:	01/13/2011
Decision Date:	12/19/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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 Fellowship trained in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 60-year-old male who reported an injury on 01/13/2011. The mechanism of injury was not provided. His diagnoses included left shoulder impingement syndrome with a partial rotator cuff tear, and status post right shoulder arthroscopy surgery with Mumford procedure. Past treatments included medications, surgery, injections, and physical therapy. His surgical history was noted to include arthroscopic surgery of the right shoulder performed on 04/08/2014. On 10/01/2014, the injured worker complained of pain in the left shoulder with difficulty lifting, pulling, pushing, and overhead activities, and difficulty sleeping. The physical examination of the left shoulder revealed tenderness to palpation over the subacromial region and acromioclavicular joint, and positive Neer's and thumb down tests. His medications were not included. The treatment plan included an arthroscopic surgery of the left shoulder. A request was received for postoperative physical therapy for the left shoulder 3x4. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy for left shoulder 3x4: 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 request for post-operative physical therapy for left shoulder 3x4 is not medically necessary. The California MTUS Guidelines recommend up to 24 visits of physical therapy for arthroscopic surgery of the rotator cuff syndrome/impingement syndrome. The clinical notes indicated that there was a recommendation for arthroscopic surgery of the left shoulder. However, there is no documented evidence that the surgery was approved and completed, ruling out the need for postoperative physical therapy at this time. In the absence of documentation supporting the evidence of a completed surgery, the request is not supported. Therefore, the request is not medically necessary.