

Case Number:	CM15-0002874		
Date Assigned:	01/14/2015	Date of Injury:	12/05/2012
Decision Date:	03/25/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 12/05/2012. The injured worker was pushing panels off the rear of a truck when he sustained a left shoulder injury. The current diagnosis is left shoulder AC joint degenerative joint disease with shoulder stiffness and shoulder girdle atrophy. The injured worker presented on 12/02/2014. It is noted that the injured worker was status post left shoulder arthroscopy on 07/09/2014. The injured worker reported moderate pain with popping, stiffness, weakness, and tenderness. The injured worker also reported aggravation of symptoms with repetitive use. Upon examination of the left shoulder, there was tenderness at the medial anterior region, 160 degrees flexion, and 140 degrees abduction. Recommendations at that time included additional physical therapy twice per week for 6 weeks. The injured worker was also issued a prescription for Motrin 800 mg. A Request for Authorization form was then submitted on an unknown date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,27.

Decision rationale: California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a rotator cuff repair includes 24 visits over 14 weeks. The injured worker has participated in a previous course of postoperative physical therapy. There was no documentation of significant functional improvement. The injured worker continues to report moderate pain with instability and activity limitation. Additionally, there is no specific body part listed in the request. Therefore, the request is not medically appropriate.