

Case Number:	CM13-0008547		
Date Assigned:	12/11/2013	Date of Injury:	01/09/2012
Decision Date:	01/30/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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 61-year-old female who reported a work-related injury on 01/09/2012; specific mechanism of injury was not stated. Subsequently, the patient is status post left shoulder arthroscopy and subacromial decompression as of 09/27/2012. The patient postoperatively completed 56 sessions of physical therapy and return to work as of 04/15/2013. The clinical note dated 07/16/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents for re-evaluation of the left shoulder. The patient reports 2 weeks of biceps pain. The provider documents the patient has completed a recent course of physical therapy interventions. The provider documents the patient continues to have mild to moderate pain and reports a knot with difficulty reaching overhead and to the side with weakness. The provider reported pain in the posterolateral shoulder with horizontal elevation. The patient reports she does not know how many sessions she has completed in total, but completed the last approved session of physical therapy on 06/03/2013. The provider documented the patient continues to utilize acetaminophen with codeine, as well as Advil 200 mg as needed, amlodipine, losartan, metformin, and tramadol. The provider documented the patient presents with a flare of the biceps tendon. The provider recommended 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy: 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): 27.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient is status postoperative subacromial decompression to the left shoulder as of 09/2012. Postoperatively, the patient has completed over 56 sessions of physical therapy. The provider is requesting an additional 8 sessions of physical therapy. Guidelines support 24 visits over 14 weeks of physical therapy postoperatively for this injury. An additional 8 sessions is not supported at this point in the patient's treatment. After 56 sessions of postoperative physical therapy, the patient is educated in an independent home exercise program which would be supported at this point in the patient's treatment. Given all of the above, the request for additional physical therapy is not medically necessary or appropriate.