

Case Number:	CM13-0010189		
Date Assigned:	01/22/2014	Date of Injury:	09/26/2008
Decision Date:	08/12/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 57 year old male with date of injury 9/26/08. The treating physician report dated 7/11/13 indicates that the patient has continued left shoulder pain following surgery on 2/9/13. The patient appears to have received post-operative PT as there is a PT note dated 6/19/14 stating treatment #22/24 with decreased pain and decreased tightness. The current diagnoses are: Left knee pain status post two knee surgeries; Right knee pain status post partial meniscectomy with arthritis; Back pain with multilevel discopathy and radiculopathy; Left shoulder rotator cuff tear; Right shoulder rotator cuff tear. The utilization review report dated 8/1/13 denied the request for PT 12 visits, 2x6 to the left shoulder based on the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 VISITS (2 TIMES A WEEK TIMES 6 WEEKS) TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The physical therapy notes reviewed indicate that the patient was receiving care to the bilateral shoulders and the 3/15/13 PT note states that the patient had left shoulder surgery on 2/9/13. The records provided indicate that the current request does not fall within the MTUS Postsurgical Treatment Guidelines as the patient does not appear to have had surgery to the left shoulder, only the right shoulder on 2/9/13 based on the operative report. The MTUS Guidelines recommend physical therapy 8-10 sessions for myalgia and neuritis type conditions. The current request exceeds the MTUS recommendations and there is no supporting documentation to explain the need for PT 12 sessions for the left shoulder at this time. As such, the request is not medically necessary and appropriate.