

Case Number:	CM13-0015051		
Date Assigned:	12/04/2013	Date of Injury:	10/04/2004
Decision Date:	01/28/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/21/2013

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 Orthopedic Surgery, 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 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 claimant is a 62-year-old female who was injured on October 4, 2004 sustaining injury to the shoulder. A clinical progress report of July 8, 2013 with treating surgeon [REDACTED] indicates that the claimant is now status post a February 20, 2013 left shoulder arthroscopy for which she has undergone a significant course of physical therapy that has been helpful. Further physical therapy treatment was noted to have been not approved by carrier. Her physical examination showed 150 degrees of both flexion and abduction with tenderness over the subacromial bursa and left trapezius. Further physical examination findings were not noted. Recommendations at that time were for additional eight sessions of physical therapy for further strengthening. Formal findings at the time of surgical intervention are not documented. There are physical therapy progress reports for review that indicate greater than twenty sessions of physical therapy as of May 24, 2013 for diagnoses of shoulder arthroscopy, debridement of rotator cuff and subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines and supported by MTUS Chronic Pain Guidelines, continued physical therapy would not be indicated. Guideline criteria would recommend the role of up to twenty-four sessions of therapy following an arthroscopic procedure for impingement. Records indicate that the claimant has attended at least twenty sessions of therapy as of May 24th. The additional eight sessions of physical therapy at this stage in the claimant's postoperative course of care would not be indicated based on recent physical examination findings that fail to demonstrate any evidence of functional deficit to the shoulder. At this stage in postoperative care, the claimant should be well versed on home exercises to help improve overall strength and rehabilitative function.