

Case Number:	CM13-0016935		
Date Assigned:	10/11/2013	Date of Injury:	02/16/2012
Decision Date:	01/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/27/2013

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 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 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:

Patient is a 42 year old, female with a date of injury of 02/01/2012. Patient has diagnoses of left shoulder rotator cuff tendinitis, radiculitis left upper extremity and s/p left shoulder arthroscopy dated 02/07/2013. Utilization review report dated 08/13/2013 denied request for additional 18 PT visits. Progress report dated 07/09/2013 by [REDACTED] states patient has had 70% improvement post left shoulder surgery, however she continues to have neck pain with numbness to left upper extremity. He requests 18 additional sessions. PT progress evaluation dated 07/19/2013 reports patient has completed 22 sessions post-surgery with minimal progression and patient has reached a plateau.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week times 6 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Patient is status post left shoulder arthroscopy dated 02/07/2013. In progress report by [REDACTED], dated 07/09/2013, he asks for additional 18 PT sessions. Physical therapy progress evaluation dated 07/19/2013 reports patient has already completed 22

sessions after surgery and reports there has been minimal progression and patient has reached a plateau. MTUS post-surgical guidelines recommend 24 visits over 14 weeks after arthroscopic surgery of the shoulder. There is no substantial reason such as a flare up, new injury or diagnosis to consider more therapy than what is recommended. Recommendation is for denial.