

Case Number:	CM13-0017312		
Date Assigned:	06/06/2014	Date of Injury:	05/18/2002
Decision Date:	07/25/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 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 claimant is a 60-year-old who was injured on May 18, 2002. The clinical records provided for review pertaining to the claimant's left shoulder document that she is status post left shoulder arthroscopy with subacromial decompression. The PR2 report of July 30, 2013 noted continued complaints of pain in the shoulder and that the claimant had finished a course of physical therapy but remained symptomatic. The report documented that the claimant attended 23 sessions of physical therapy in the postoperative setting. Physical examination showed diminished range of motion at end points with 150 degrees of active flexion and abduction, and positive impingement signs. Conservative care was not noted. The recommendation was made for eight additional sessions of formal 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, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines would not support the request for eight additional sessions of physical therapy. The Postsurgical Guidelines recommend up to 24

sessions of physical therapy in the postoperative setting following a subacromial decompression. The records document that the claimant had attended 23 sessions of physical therapy as of June 26, 2013. The request for eight additional sessions of physical therapy would exceed the Postsurgical Guidelines. There is no documentation that the claimant would be an exception to the guideline recommendation. The request for additional physical therapy, twice weekly for four weeks, is not medically necessary or appropriate.