

Case Number:	CM13-0025955		
Date Assigned:	11/22/2013	Date of Injury:	02/14/2012
Decision Date:	02/12/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year-old female with a 2/14/12 industrial injury claim. She underwent a left shoulder surgery on 3/12/13 and has been diagnosed with: s/p left shoulder arthroscopy 3/12/13; bilateral plantar fasciitis; bilateral tendinitis with carpal tunnel syndrome. The 4/17/13 report describes the surgery as left subacromial decompression, Mumford, debridement. There was calcific tendinitis, and AC arthritis. The 4/17/13 report states she has not started PT yet. The IMR application shows a dispute with the 8/29/13 UR decision, which is from [REDACTED] and was for non-certification for 12 PT sessions for the left shoulder, based on the 7/15/13 medical report. The 7/15/13 report is from the physical therapy facility and states the patient has 7 PT sessions and had improved strength, mobility, activity tolerance and function, and requested additional 2x4 PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient is within the MTUS postsurgical physical medicine treatment timeframe. She had completed 7 visits with improvement. MTUS post-surgical guidelines show the initial course of postsurgical PT for the shoulder to be 12 sessions, and with improvement can go up to the general course of care which is 24 PT visits. The patient has shown improvement with the 7 sessions, the request for PT 2x6 is in accordance with MTUS post-surgical guidelines