

Case Number:	CM13-0027248		
Date Assigned:	11/22/2013	Date of Injury:	04/01/2010
Decision Date:	09/15/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/20/2013

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 52-year-old female who was injured on 04/01/10. The medical records provided for review include documentation of bilateral shoulder complaints and subsequent left shoulder arthroscopy, subacromial decompression, capsule release and manipulation under anesthesia on 06/05/13. There is no indication of physical therapy treatment to the claimant's right shoulder. Postoperative records indicate a significant course of physical therapy. The report of an assessment dated 08/19/13 documents a diagnosis of bilateral shoulder adhesive capsulitis status post arthroscopy with examination showing the bilateral shoulders to have significant restricted range of motion in all planes, tenderness to palpation anteriorly and no instability or laxity. The recommendation made at that time was for continuation of formal physical therapy. It was documented that at the time of the request the claimant had attended over twenty sessions of therapy. This request is for sixteen additional sessions of bilateral physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST-OPERATIVE PHYSICAL THERAPY 2 X 8 FOR THE BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Guidelines and the Postsurgical Rehabilitative Guidelines, the request for sixteen additional sessions of physical therapy would not be indicated. The medical records indicate that the claimant has made limited clinical progress after having manipulation under anesthesia and had already undergone greater than twenty plus sessions of therapy since time of procedure. The Chronic Pain Guidelines recommend a short course of physical therapy for an acute flare of symptoms. The documentation provided for review does not indicate that the claimant is experiencing an acute flare of symptoms to require additional therapy. The acute need of sixteen additional sessions of therapy would exceed both MTUS guideline criteria and cannot be supported.