

Case Number:	CM13-0030176		
Date Assigned:	11/27/2013	Date of Injury:	07/02/2012
Decision Date:	02/10/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

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:

The patient is a 58 year old male, with a date of injury of 07/02/2012. Patient is status post left shoulder scope, capsular release and MUA dated 07/18/2013. Report dated 07/19/2013 states patient presents with anterior left shoulder pain, especially with movement. Pain is described as aching, sometimes sharp, with numbness around incision. Right shoulder demonstrates normal ROM and left arm is impaired due to post-op status. [REDACTED] submits two RFA's: (1) left shoulder post op PT x8 and (2) left biceps tenodesis PT x12. Medical records show patient has received 14 post op sessions dating 07/19/2013 to 08/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

left shoulder additional therapy 2x week, (RX 8/21/2013), QTY 8: Overturned

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

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

Decision rationale: This patient is status post left shoulder scope, capsular release and MUA dated 07/18/2013. The treating physician requested additional left shoulder post op PT times 8

sessions . Medical records show patient has received 14 post op sessions dating 07/19/2013 to 08/16/2013. MTUS guidelines, pg 98,99, recommends a total of 24 post-op PT sessions following arthroscopic surgery for impingement syndrome/RTC pathology. Recommendation is for approval for the additional 8 post op sessions.

left shoulder additional therapy 2x week, (RFA 8/23/2013), QTY 12: Upheld

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

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

Decision rationale: This patient is status post left shoulder scope, capsular release and MUA dated 07/18/2013. The treating physician requested left biceps tenodesis physical therapy x12. Medical records show patient has received 14 post op sessions dating 07/19/2013 to 08/16/2013. MTUS guidelines, pg 98,99, recommends a total of 24 post-op PT sessions following arthroscopic surgery for impingement syndrome/RTC pathology. The treating physician has asked for separate PT sessions for different parts of the shoulder joint pathology. However, the therapist should be able to address all of the diagnoses pertaining to the shoulder area. Given patient's recent course of 14 sessions of therapy, additional 12 sessions would total 26, exceeding what is recommended by MTUS for this kind of post-operative care. Recommendation is for denial.