

Case Number:	CM13-0035113		
Date Assigned:	12/13/2013	Date of Injury:	02/25/2011
Decision Date:	04/29/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/16/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 46-year-old male who suffered an industrial injury to his left shoulder on 2/25/11. The diagnoses include left shoulder impingement, and status post surgical repair. The subjective complaints are of left shoulder pain and decreased range of motion. The patient underwent a left shoulder arthroscopic surgery on 6/25/13. Following the surgery, he had eleven (11) physical therapy sessions, and medication for pain relief. Documentation reports that the recovery from recent surgery is progressing slowly. The patient has continued difficulty with lifting, pushing and overhead motions. The range of motion and strengthening exercises with physiotherapy and home exercise were recommended to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER, PHYSICAL THERAPY

Decision rationale: The Postsurgical Treatment Guidelines and the Official Disability Guidelines recommend twenty-four (24) visits over fourteen (14) weeks for physical therapy after shoulder impingement surgery. For this patient, eleven (11) previous physical therapy sessions were documented. Therefore, the request for eight (8) additional sessions is consistent with guideline recommendations, and is medically necessary.