

Case Number:	CM13-0036641		
Date Assigned:	12/13/2013	Date of Injury:	12/17/2003
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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 78-year-old female who was injured in a work related accident on 12/17/03. Specific to the patient's left shoulder, there is documentation she underwent a left shoulder arthroscopy, biceps tenotomy, subacromial decompression and debridement on 6/27/13. It states the postoperative course has been compromised by continued pain. The records at present indicate 30 initial sessions of physical therapy as of 8/5/13 with 12 additional sessions of physical therapy authorized through 10/31/13 for a total of 42 sessions. The medical records indicate that the patient is with continued complaints of pain per a 1/13/14 physical therapy progress report that shows 130 degrees of flexion and no other findings. It states additional therapy would be indicated to increase strength as well as to improve with activities of daily living.

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 times a week for 6 weeks to the left shoulder:
Upheld

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

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

Decision rationale: MTUS postsurgical rehabilitative guidelines indicate that physical therapy sessions following a shoulder arthroscopy for decompression would necessitate up to 24 visits over a 14 week period of time. In this case, the medical records submitted for review indicate 42 sessions of physical therapy has been authorized to date. At present, the patient is more than eight months from the time of surgery. Moreover, the medical records do not document rationale as to how the 12 additional sessions of physical therapy would add further benefit to the patient's current situation. The request for additional post-operative physical therapy 2 times a week for 6 weeks to the left shoulder is not medically necessary and appropriate.