

Case Number:	CM13-0040657		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2010
Decision Date:	11/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Rehabilitation & Pain Management 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 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 42 year old female with date of injury 9/23/10 that suffered injury while trying to close a sliding glass window. The treating physician report dated 12/10/12 indicates that the patient presents with pain affecting the left shoulder. The patient underwent arthroscopic rotator cuff tear debridement, SAD, AC arthroplasty, labral debridement and excision of distal clavicle with MUA on 1/20/12. The physical examination findings reveal moderate tenderness over the left trapezius with palpable trigger points, tenderness over lateral acromion, negative cross body, decreased abduction and 5/5 strength. The current diagnoses are 1. Left shoulder arthroscopy; 2. Arthritis; 3. Biceps tendonitis; 4. Rotator cuff syndrome. The utilization review report dated 10/17/13 denied the request for 8 sessions of outpatient physical therapy for the left shoulder based on the MTUS post-surgical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Outpatient Physical Therapy for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with chronic left shoulder pain that is status 21 months post arthroscopic left shoulder surgery. The current request is for 8 sessions of outpatient physical therapy. The utilization review report dated 10/17/13 provided a review of the treating physician report dated 10/9/13 and indicates that the patient had 30 post-surgical PT treatments. In reviewing the MTUS post-surgical treatment guidelines for rotator cuff syndrome the guidelines recommend 24 visits over a 6-month period of time. The current request does not fall under these guidelines, as the surgery was greater than 6 months ago. The MTUS guidelines recommend 8-10 physical therapy visits for myalgia and neuritis type conditions. In this case, the treating physician has failed to document a new injury or diagnosis to indicate why further physical therapy treatment is required at this juncture. MTUS states, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." There is no documentation that any further surgeries have been performed and the treater does not document any rationale as to why the patient is not participating in a home exercise program. The request is not medically necessary.