

Case Number:	CM13-0049461		
Date Assigned:	12/27/2013	Date of Injury:	04/17/2007
Decision Date:	04/25/2014	UR Denial Date:	09/13/2013
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 Internal Medicine, Pulmonary Diseases 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 51-year-old female who reported an injury on 04/17/2007 after she prevented a student from a fall. The patient reportedly injured her bilateral shoulders and cervical spine. The patient underwent left subacromial decompression, Mumford procedure and rotator cuff repair and right shoulder arthroscopy with partial synovectomy, chondroplasty and arthroscopic subacromial decompression with resection of the acromial ligament. Conservative treatments have included physical therapy, epidural steroid injections, and medications. The patient's most recent evaluation of the left shoulder documented a well-healed arthroscopic portal with biceps tenderness and no evidence of weakness, hypersensitivity, motor strength deficits, or allodynia. A request was made for physical therapy due to weakness and restricted range of motion of the left shoulder that had previously responded well to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY TWO TIMES A WEEK FOR FIVE WEEKS 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 requested outpatient physical therapy 2 times a week for 5 weeks for the left shoulder is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the patient is approximately 1 year status post left shoulder surgery. The patient's previous number of physical therapy visits was not documented within the records submitted. It is noted that the patient received notable improvement with prior physical therapy. However, there is no documentation that the patient was transitioned into a home exercise program. Therefore, a short course of treatment would be appropriate to re-establish and re-educate this patient in a home exercise program. However, the requested 10 visits would be considered excessive. As such, the requested outpatient physical therapy 2 times a week for 5 weeks for the left shoulder is not medically necessary or appropriate.