

Case Number:	CM13-0055246		
Date Assigned:	12/30/2013	Date of Injury:	09/22/2007
Decision Date:	03/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/20/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 55-year-old female who was injured on September 22, 2007. She slipped on wet floor at work and knocking out four front teeth and injuring her neck, left shoulder, and back. The patient continued to experience neck pain. Physical examination showed decreased range of motion in the left shoulder and mildly decreased strength in left shoulder abduction, left elbow flexion, and left elbow extension. Diagnoses included lumbar disc disease, cervical discectomy and fusion, lumbar laminectomy, lumbar radiculopathy, and lumbar facet syndrome. Treatments included epidural steroid injections, physical therapy, trigger point injections, and medications. Left shoulder arthroscopic rotator cuff repair and decompression with distal clavicle excision and subpectoral open biceps tenodesis was performed on April 4, 2013. By July 30, 2013 the patient had undergone 17 post-surgical physical therapy treatments. There is documentation that the patient received 24 physical therapy treatments by August 21, 2013. Requests for physical therapy twice weekly for 4-6 weeks was submitted on July 31, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for physical therapy two (2) times a week for four to six (4-6) weeks to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Post-surgical guidelines for Postsurgical treatment of rotator cuff repair/acromioplasty is 24 visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. The patient had received 17 treatments by July 30, 2013. There were 7 remaining treatments of the recommended 24 treatments. There was documentation of functional improvement with increased strength and increased range of motion. The request is for authorization for 8-12 additional treatments bringing the total to 25-29 treatments. This surpasses the recommended number of treatments and is not recommended.