

Case Number:	CM13-0058137		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2013
Decision Date:	03/27/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation 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:

Per the Utilization Review (UR) report, the patient is a 56 year old female who was on injured on 08/10/2013 while sitting with a patient when she was attacked by the patient. She was hit multiple times to the head with his fist and then pushed down and fell onto her left side. The patient underwent a left shoulder arthroscopy on September 11, 2013 with subacromial decompression, Mumford procedure and debridement of the supraspinatus/infraspinatus tendons labral tears. She has had a reported 12 post operative physical therapy sessions. Diagnostic studies reviewed include X-ray of the cervical spine performed 08/11/2013 that revealed cervical spine straightening. No acute fracture or spondylolisthesis. There was moderate to severe degenerative disc disease at C4-5. PR-2 note dated 11/12/2013 documented the patient to have complaints involving the neck, mid and low back, trapezius and left knee. On visual analogue scale, the pain level was 9/10 down to 5/10 with medication use. The muscle spasm to the neck was decreased with the home exercise program. The patient continued to have residual pain/weakness with decreased range of motion and decreased strength. Objective findings on exam included the left shoulder revealed tenderness over the subacromial region, acromioclavicular joint, supraspinatus tendon and trapezius muscles. Impingement test and Cross Arm test were positive. Range of motion of the left shoulder was as follows: Flexion was 97 degrees, extension was 37 degrees, abduction was 90 degrees, adduction was 32 degrees, internal rotation was 56 degrees, and external rotation was 45 degrees. There was grade 4/5 muscle weakness in all planes of motion.

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 Left Shoulder 2 Times a Week For 4 Weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 17.

Decision rationale: There were very limited records provided for the review. Records included an RFA and PR-2 dated 11/12/2013 and the UR decision letter. The request is for additional post-op therapy for the left shoulder 2 times a week for 4 weeks. Per the CA MTUS, Postsurgical Treatment Guidelines, "rotator cuff syndrome/impingement syndrome allows for 24 visits over 14 weeks. It is unknown how the treatment thus far has benefited the patient. PR-2's submitted do not include documentation of the progress in the current physical therapy program. Therefore, a request for additional physical therapy cannot be certified.