

Case Number:	CM13-0059759		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2011
Decision Date:	05/06/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a 45-year-old with date of injury of September 16, 2011. Per treating physician's report, October 7, 2013, the patient presents with shoulder, lumbar spine, head symptoms with the range of motion of the shoulder at abduction 140, flexion 150. Lumbar spine with diminished range of motion and discomfort with extension and rotation, normal gait. Listed assessments are: 1. Tendinitis, shoulder left, status post arthroscopic decompression on the left side. 2. Left-sided sprain/strain lumbar region. 3. Cerebral concussion. Recommendation was for physical therapy twice a week for four weeks, continue medications, common-sense precaution in his activities. Review of the medical records provided show that the patient has had 23 of the 24 sessions of physical therapy according to the August 28, 2013 therapy report. Under impairments identified, it has flexibility and pain, range of motion weakness. There is an operative report from May 10, 2013 for arthroscopic shoulder acromioplasty excision of the inferolateral clavicle, and examination of the supraspinatus tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER (2 TIMES PER WEEK FOR 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Section Page(s): 26-27, Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with persistent left shoulder pain following left shoulder arthroscopic surgery for acromioplasty, excision of inferolateral clavicle. The request is for 8 additional sessions of physical therapy. Review of the reports shows that by September 4, 2013, the patient has completed 24 sessions of postoperative therapy. The Chronic Pain Medical Treatment Guidelines states that, for post-surgical physical therapy, recommendation is for 24 sessions over fourteen weeks with post-surgical time period of 6 months for rotator cuff syndrome/ impingement syndrome. Review of the operative report from May 10, 2013 shows that rotator cuff was intact and that acromioplasty and excision of inferolateral clavicle was performed. Given that the patient has already completed 24 sessions of physical therapy, additional request for 8 sessions is not supported according to the Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines do allow for additional therapy if it is determine that additional functional improvement can be accomplished after completion of the general course of therapy. In this case, review of therapy reports and the treating physician's progress reports do not demonstrate what additional functional improvement can be accomplished. The Post-Surgical Treatment Guidelines also state that additional therapy may be warranted if the patient sustains an exacerbation related to the procedure after discontinued physical therapy. However, in this case, there is no such description. The request for physical therapy for the left shoulder, twice per week for four weeks, is not medically necessary or appropriate.