

Case Number:	CM13-0060670		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2003
Decision Date:	04/25/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/03/2013

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 and 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:

This patient is a 79-year-old female with date of injury of 12/17/2003. Per treating physician's report 11/11/2013, the patient is status post left shoulder arthroscopy, debridement, and biceps tenotomy from 06/27/2013. The patient has improved from surgery but her shoulder is weak particularly with overhead reaching. The examination showed 70% normal range of motion of the cervical spine, flexion 90 degrees, abduction 90 degrees, external rotation 30 degrees, internal rotation 30 degrees of the shoulder. Recommendation was for continued physical therapy 2 times a week for 6 weeks to address the patient's weakness. The 10/04/2013 report by another physician, [REDACTED], states that the patient is having some persistent left shoulder pain following surgery 06/27/2013. The patient had some 30 sessions of physical therapy authorized. The agreement was to continue physical therapy. The patient's pain level was 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks for the left shoulder QTY: 12.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48, Postsurgical Treatment Guidelines Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient is status post left shoulder arthroscopic surgery on 06/27/2013. There is a request for 12 additional sessions of physical therapy. Review of the reports shows that the patient had 30 sessions of postoperative physical therapy authorized. Therapy reports from 10/31/2013 shows that the patient has completed 10 of 12 visits. Therapy report from 09/26 shows that the patient has completed 18 of 18 sessions treated. MTUS Guidelines supports up to 40 sessions of physical therapy after complete rupture of rotator cuff, but for rotator cuff syndrome or impingement syndrome, 24 sessions over 14 weeks are recommended. In this case, review of the operative report from 06/27/2014 shows that, "The rotator cuff appeared to be intact but there was some evidence of impingement syndrome." The surgeon performed subacromial decompression leaving the rotator cuff intact. Therefore, the rotator cuff syndrome/impingement syndrome postoperative guidelines apply for 20 sessions of postoperative therapy. This patient has already had 30 sessions of documented physical therapy. The request for additional 12 sessions appears to be excessive. The treating physician has asked for additional therapy indicating that the patient has persistent pain and some weakness. However, there is no reason why the patient should not be able to do the necessary exercises to improve the strength and also manage pain at home. Recommendation is for denial of the requested additional physical therapy.