

Case Number:	CM13-0060992		
Date Assigned:	12/30/2013	Date of Injury:	06/09/2011
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/04/2013

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 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:

The patient is a 59 year old male with an injury date on 6/9/11. Based on the 12/30/13 progress report, the patient's diagnoses are: 1. Left shoulder bursitis 2. Left shoulder derangement 3. Left shoulder rotator cuff strain 4. Six days status post left shoulder surgery The patient has persistent pain in left hand fingers, thigh and toe from report 01/22/14. This patient is also s/p left shoulder arthroscopic surgery for subacromial decompression, and debridement of SLAP tear, lysis of adhesions of the acromion bursal tissue on 8/15/13. The treating physician is requesting 3 physical therapy sessions per week for four weeks for post-operative care of the left shoulder. The utilization review determination being challenged on 11/12/13 recommends denial of the 12 physical therapy sessions for the left shoulder. [REDACTED] is the requesting provider, and he provided treatment reports from 8/07/13 to 01/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR 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: This patient presents with persistent shoulder pain and is s/p left shoulder arthroscopic surgery from 8/15/13. The treating physician has asked for additional therapy 12 sessions to address the patient's persistent post-operative shoulder pain. Review of the utilization review letter states that the patient already was authorized 24 sessions of therapy. No therapy reports were provided to verify treatment number and the patient's condition. The treating physician does not discuss the patient's therapy treatments or progress. According to MTUS Shoulder (Postsurgical MTUS pages 26 and 27) the patient can have up to 48 physical therapy visits for post-surgical patients for "complete rupture of rotator cuff." However, this patient's operative report shows intact rotator cuff with partial subacromial decompression performed. For "rotator cuff syndrome/Impingement syndrome," postsurgical therapy recommendation is for 24 sessions. This patient already had 24 sessions of therapy and the requested 12 additional sessions would exceed what is allowed by MTUS. The treating physician does not provide any specific reasons for more therapy other than for pain. The patient should be able to perform the necessary home exercises by now. Recommendation is for denial. The physical therapy three times a week for four weeks for the left shoulder is not medically necessary and appropriate.