MAXIMUS Federal Services

Case Number:	CM13-0069522		
Date Assigned:	01/03/2014	Date of Injury:	01/04/2013
Decision Date:	05/29/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/23/2013

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 is licensed to practice in Texas. 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 injured worker is a 45 year old female with a reported injury date of 01/04/2013; the mechanism of injury was not provided in the medical records. An MRI of the left shoulder dated 03/04/2013 found partial thickness rim-tent tear of the anterior leading edge of the supraspinatus tendon, abnormal signal within the superior glenoid labrum and suspicion for a SLAP tear. The progress note dated 10/14/2013 revealed the injured worker previously attended a total of 33 physical therapy visits with an additional 3 sessions remaining. Subjective findings included pain rated 5-6/10, difficulty reaching overhead or away from body, and sleeping difficulty. Objective findings included tenderness to palpation at the anterior shoulder. The progress note also revealed that the injured worker had increased their passive range of motion from flexion of 60-70 degrees and abduction 60 degrees, measured on 06-14-2013 to flexion of 150 degrees and abduction 140 degrees measured on 10-11-2013 and an increase of strength from 2+/5 on 07/22/2013 to flexion strength of 3-/5 and abduction strength of 4+/5 measured on 10/11/2013. Diagnoses included status post left shoulder arthroscopic debridement on 05/31/2013, osteoarthritis, and rotator cuff tear. The request for authorization for physical therapy twice a week for 6 weeks for the left shoulder was submitted on 11/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend the use of physcial therapy post operatively for functional improvement. The guidelines recommend up to 24 visits over 14 weeks with a post surgical period of 6 months. In this case, the injured worker is status post left shoudler arthroscopic debridement on 05/31/2013 and underwent at least 33 sessions of physical therapy which exceeds the general recommended course of therapy (with 3 sessions remaining) of physcial threapy with documented signs of moderate improvement to range of motion and strength.. Within the medical records provided there was also a lack of documentation indicating significant functional improvement in activities of daily living and reduction in work restricitons. Additioanlly, the provided documentation shows that the injured worker underwent surgical repair of the left shoulder approximately 12 months ago which exceeds the recommended post surgical treatment period of 6 months. Furthermore, there was lack of documentation from the additional sessions of physcial therapy that were remaining. Based upon the lack of adequate documentation the request for 12 sessions of physcial therapy for the left shoudler is non-certified.