

Case Number:	CM13-0071222		
Date Assigned:	01/08/2014	Date of Injury:	07/07/2008
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 Family Practice, 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 39-year-old male with a date of injury on 7/7/2008. The patient has ongoing symptoms related to his left shoulder. The patient had left shoulder arthroscopy for rotator cuff repair in 2009 and then lysis of subsequent adhesions in 4/2013. The patient also had cervical surgery in 2010. Subjective complaints are of shoulder pain that is made worse with movement. Physical exam demonstrates pain with cervical range of motion with radiation to the left arm, pain in the left shoulder with range of motion, and decreased range of motion and strength of the left shoulder. Medications include Celebrex and Effexor. MRI of the cervical spine from 8/2013 showed post-operative changes and congenital stenosis. The patient has also had a shoulder steroid injection for presumed adhesive capsulitis in 11/2013. After surgery, the patient was certified for 24 sessions of physical therapy, of which 15 of these sessions were completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three (3) times per week for six (6) weeks: 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): 27.

Decision rationale: CA MTUS recommends 24 visits for physical therapy over 14 weeks within 6 months of surgery for arthroscopic rotator cuff surgery. For adhesive capsulitis post surgical treatment the recommended physical therapy is 24 visits over 14 weeks within 6 months for surgery. For this patient, physical therapy was previously certified for 24 sessions, of which the patient completed 15. Present request is greater than 6 months after surgery which exceeds the guideline recommended timeframe for physical therapy. Therefore, the medical necessity of 18 physical therapy sessions is not established.