

Case Number:	CM14-0003225		
Date Assigned:	01/31/2014	Date of Injury:	10/29/2012
Decision Date:	11/03/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery 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 49 year old patient had a date of injury on 10/29/2012. The mechanism of injury was not noted. In a progress noted dated 10/30/2013, the patient continues to have pain in left shoulder, but her range of motion is improving. She feels an overall 60% improvement after the surgery, has some spasms intermittently in the left shoulder, and does get functional improvement and pain relief with medications. On a physical exam dated 10/30/2014, there are well healed scars, diffuse tenderness, and positive greater tuberosity tenderness. Neer's test and Hawkin's test are positive. The diagnostic impression shows left shoulder s/p arthroscopy, subacromial decompression, and AC joint resection. Treatment to date: medication therapy, behavioral modification, left shoulder surgery on 5/2/2013, physical therapy. A UR decision dated denied the request for therapy PT, modifying it to 24 physical therapy visits starting 6/12/2013, stating that although there was a 60 percent improvement on 10/30/2013, there is limited evidence presented that would warrant a prolonged course of treatment. It would be expected the claimant would be independent with a home exercise program at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: PT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114; Official Disability Guidelines (ODG) Shoulder Chapter-physical therapy.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. ODG recommends 24 visits over 14 weeks for post surgical arthroscopic treatment of rotator cuff syndrome/impingement syndrome. However, in a progress note dated 10/30/2014, there was limited evidence presented that would justify a longer course of treatment beyond the 24 recommended sessions. The patient claims to have a 60% improvement overall after the surgery; however there is no discussion provided regarding why this patient could not transition into a home exercise program. Therefore, the request for physical therapy was not medically necessary.