

Case Number:	CM14-0007909		
Date Assigned:	02/07/2014	Date of Injury:	05/27/2012
Decision Date:	08/01/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 29-year-old male who has submitted a claim for left shoulder arthroscopic decompression and debridement of anterior labral tear of the glenohumeral joint, associated with an industrial injury date of May 27, 2012. Medical records from 2013 were reviewed. The latest progress report, dated 12/13/2013, showed resolution of left shoulder pain but with some occurrences at night resulting to loss of sleep. The patient claimed to be much stronger and able to do more. Physical examination revealed the left shoulder passive range of motion was within functional limits. There was limitation in active range of motion, particularly in abduction, external rotation and internal rotation. Treatment to date has included left shoulder arthroscopic decompression and debridement of anterior labral tear of the glenohumeral joint and 30 sessions of post-op physical therapy. Utilization review from 01/06/2014 modified the request from additional 12 sessions of post-op physical therapy to the left shoulder to additional 2 sessions of post-op physical therapy to the left shoulder because of the persistent left shoulder pain and physical exam that revealed decreased range of motion. This was to address residual issues, re-transition and compliance assessment with a prescribed and self-administered protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL POST OP PHYSICAL THERAPY TO LEFT SHOULDER QTY:12.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to CA MTUS Postsurgical Treatment Guidelines, physical therapy for 24 visits over 14 weeks is recommended for postsurgical arthroscopic treatment of rotator cuff/impingement syndrome. In this case, patient had left shoulder arthroscopic decompression and completed 30 sessions of post-op physical therapy. The rationale for requesting additional post-op physical therapy was to return the patient into 100% of his function, especially upon resuming his work. The recent medical evaluation revealed patient can do independent activities of daily living with some pain remaining while dressing T-shirts. It was not clear why the patient would not be on the active, independent home program as recommended. Therefore, the request for additional 12 sessions of post-op physical therapy to the left shoulder is not medically necessary.