

Case Number:	CM14-0103086		
Date Assigned:	07/30/2014	Date of Injury:	03/08/2013
Decision Date:	10/03/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/03/2014

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 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 35-year-old female with an injury date of 03/08/2013. On 02/16/2014, the patient underwent an arthroscopic subacromial decompression of her left shoulder. The 02/21/2014 report indicates that the patient has left shoulder pain, which she rates as a 3/10 to 4/10. She has mild swelling and tenderness anterior, posterior of her shoulder. The 04/02/2014 progress report indicates that the patient has a limited range of motion and a tight shoulder. The patient's diagnoses include the following: 1) Adhesive capsulitis of shoulder (left). 2) After care following surgery for injury. The utilization review determination being challenged is dated 06/04/2014. Treatment reports are provided from 12/11/2013 - 04/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical Page(s): 26, 27.

Decision rationale: Based on the 04/24/2014 progress report, the patient complains of having left shoulder pain. The request is for physical therapy 2 times a week for 4 weeks for the left shoulder. The 04/02/2014 progress report states that the patient has already completed 8 sessions of physical therapy, which she finds to be very helpful. "She continues with home exercise program. Her pain is improving, mostly noted at night." California Medical Treatment Utilization Schedule (MTUS) guidelines page 26, 27 regarding post-surgical guidelines for shoulder recommend 24 visits over 14 weeks for a rotator cuff syndrome/impingement syndrome. The patient has requested for 8 additional sessions to the prior 8 sessions that she has already completed, which is in accordance with the California (MTUS) guidelines. Treatment is medically necessary and appropriate.