

Case Number:	CM14-0016351		
Date Assigned:	04/11/2014	Date of Injury:	01/03/2006
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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:

According to the records made available for review, this is a 59-year-old male with a 1/3/06 date of injury, and left shoulder subacromial decompression. At the time (1/17/14) of request for authorization for physical therapy for the left shoulder, 2 x per week for 6 weeks, there is documentation of subjective (doing better with physical therapy) and objective (range of motion at 160/150, positive acromioclavicular joint pain with range of motion, 4/5 strength, and tenderness over the cervical spine) findings, current diagnosis (status post left shoulder subacromial decompression), and treatment to date (left shoulder surgery and post-op physical therapy). The number of physical therapy treatments completed to date cannot be determines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LEFT SHOULDER, 2 X PER WEEK FOR 6 WEEKS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations.

Decision rationale: The MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post left shoulder subacromial decompression. In addition, there is documentation of previous post-op physical therapy treatments. However, there is no documentation of the number of previous post-op physical therapy treatments. In addition, despite documentation that patient is doing better with physical therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for physical therapy for the left shoulder, 2 x per week for 6 weeks is not medically necessary.