

Case Number:	CM14-0122013		
Date Assigned:	08/06/2014	Date of Injury:	02/23/2013
Decision Date:	10/02/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 54-year-old male with a 2/23/13 date of injury and status post left shoulder arthroscopic posterior labral repair on 4/19/14. At the time (7/15/14) of the Decision for Physical Therapy 2x6 Left Shoulder 97110, 12, 97112 x 12, 97140 x12, 97010x12 to Left Shoulder, there is documentation of subjective (constant moderate to severe left shoulder pain radiating to the neck) and objective (limited left shoulder range of motion with pain) findings, current diagnoses (status post left shoulder arthroscopic posterior labral repair on 4/19/14), and treatment to date (12 authorized postoperative physical therapy sessions). 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 or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 Left Shoulder 97110, 12,97112 x 12,97140 x12,97010x12 to Left Shoulder: 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 Other Medical Treatment Guideline or Medical

Evidence: Â§ 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 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 labral tear. In addition, there is documentation of status post left shoulder arthroscopic posterior labral repair on 4/19/14 and 12 sessions of postoperative physical therapy sessions authorized to date. However, 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 or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 2x6 Left Shoulder 97110, 12, 97112 x 12, 97140 x12, 97010x12 to Left Shoulder is not medically necessary.