

Case Number:	CM14-0130511		
Date Assigned:	08/20/2014	Date of Injury:	03/12/2006
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation 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 68 year-old patient sustained an injury on 3/12/06 while employed by [REDACTED]. Request(s) under consideration include Twelve (12) sessions physical therapy for the left shoulder 2 x 6. The patient is s/p (status post) left shoulder diagnostic arthroscopy with SAD and acromioplasty, resection of coracoacromial ligament, bursectomy, debridement, Mumford with rotator cuff repair on 10/1/13. Report of 7/10/14 from the provider noted the patient with ongoing chronic pain symptoms utilizing Percocet for pain and Ambien for sleep with difficulties with ADLs (activities of daily living). AME has determined the patient to be P&S (permanent and stationary). Exam showed left shoulder with flex/abd of 135/120 degrees; joint stiffness and pain; discomfort with extension and bringing it down to side. The patient has completed 24 PT (physical therapy) sessions as of March 2014. The patient has recently received Kenalog steroid injection to left shoulder with recommended PT. The request(s) for Twelve (12) sessions physical therapy for the left shoulder 2 x 6 was non-certified on 7/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions physical therapy for the left shoulder 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Guidelines Post-surgical Therapy for Shoulder Sprained shoulder; rotator cuff.

Decision rationale: The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 24 PT visits for the arthroscopic repair over 10 months ago without demonstrated evidence of functional improvement to allow for additional therapy treatments. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The Twelve (12) sessions physical therapy for the left shoulder 2 x 6 are not medically necessary and appropriate.