

Case Number:	CM14-0136791		
Date Assigned:	09/03/2014	Date of Injury:	03/23/2012
Decision Date:	09/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 59-year-old female with a 3/23/12 date of injury, and status post left shoulder diagnostic and operative arthroscopy glenohumeral joint and subacromial space, extensive debridement glenohumeral joint and subacromial space, subacromial decompression and rotator cuff repair 11/12/12, and status post left shoulder lysis of adhesions with manipulation under anesthesia 5/28/14. At the time (8/12/14) of request for authorization for. Post-Operation Physical Therapy #3 Left Shoulder 3x week for 4 weeks, 12 sessions, there is documentation of subjective (improvement in shoulder since her last evaluation, pain in shoulder, notes pain radiating up into the head, complaining of left-sided facial numbness, and numbness radiating down arm with all of her fingers numb at times) and objective (well healed surgical incisions of left shoulder, hypersensitive tenderness over upper back and neck, diffuse tenderness around shoulder, left shoulder flexion to 130, abduction to 80, and external rotation to 45 degrees, and rotator cuff function intact but weak) findings, current diagnoses (status post left shoulder lysis of adhesions with manipulation under anesthesia and left shoulder arthrofibrosis secondary to rotator cuff repair), and treatment to date (surgery and physical therapy (which helps for a short period of time and then symptoms return)). Medical reports identify patient has completed 16 of 24 authorized postoperative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operation Physical Therapy #3 Left Shoulder 3x week for 4 weeks, 12 sessions:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Postsurgical Treatment Guidelines; and Title 8.

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 diagnoses of status post left shoulder lysis of adhesions with manipulation under anesthesia and left shoulder arthrofibrosis secondary to rotator cuff repair. In addition, there is documentation of status post left shoulder lysis of adhesions with manipulation under anesthesia on 5/28/14. Furthermore, there is documentation of previous postoperative physical therapy. However, the proposed , Post-Operation Physical Therapy #3 Left Shoulder 3x week for 4 weeks, 12 sessions, in addition to the physical therapy sessions authorized to date, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for. Post-Operation Physical Therapy #3 Left Shoulder 3x week for 4 weeks, 12 sessions is not medically necessary.