

Case Number:	CM14-0170968		
Date Assigned:	10/23/2014	Date of Injury:	01/18/2013
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 30 years old female with an injury date on 01/18/13. Based on the 09/19/2014 progress report provided by [REDACTED], the diagnosis is: Left shoulder rotator cuff impingement, partial-thickness rotator cuff tear. According to this report, the patient came in for a "follow up after left shoulder arthroscopy on 06/03/2014." Pain is intermittent moderate. Patient is "making gradual progress in physical therapy" and "does exercise on her own outside of physical therapy." Physical exam reveals tenderness as anterior acromion and great tuberosity. Motor strength is a 4/5. Active abduction and forward elevation are 170 degrees, external rotation is 80 degrees and internal rotation is thumb to L1 level. There were no other significant findings noted on this report. The utilization review denied the request on 10/06/2014. [REDACTED] is the requesting provider and he provided treatment reports from 11/01/2013 to 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy 2x WK x 6 WKs, Left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with left shoulder pain. The patient is status post left shoulder arthroscopy, acromioplasty and debridement of partial thickness rotator cuff tear on 06/03/2014. The treater is requesting 12 physical therapy sessions for left shoulder. Regarding post-op shoulder arthroscopy therapy treatments, MTUS guidelines recommend 24 visits over 14 weeks; time frame for treatment is 6 months. The utilization review denial letter from 10/6/14 denied the request stating 12 sessions of post-op therapy on 1/15/14 and another 12 sessions on 8/14/14. However, the patient's surgery was from 6/3/14 and it would appear that the patient only had 12 sessions of post-op therapy following this surgery. Review of the actual medical reports do not clearly show how many treatments were provided. Additional 12 sessions of therapy appears consistent with what is allowed for post-operative therapy care per MTUS. Recommendation is for authorization.