

Case Number:	CM14-0171983		
Date Assigned:	10/23/2014	Date of Injury:	03/11/2013
Decision Date:	12/10/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Practice 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 injured worker is a 74-year-old male claimant who sustained a work injury on 3/31/13 involving the left shoulder. He was diagnosed with adhesive capsulitis, biceps tendinitis, superior labral tear, impingement and acromioclavicular arthritis. He underwent shoulder surgery on April 23, 2014 for arthroscopic lysis of adhesions, subacromial decompression, acromioclavicular joint resection, open biceps tenodesis and debridement of the labrum. He has undergone over 31 sessions of physical therapy post-operatively. A progress note from physical therapy on September 17, 2014 indicated the claimant had increased strength and functional range of motion with decreased pain in the left shoulder. A subsequent request was made for 12 sessions of additional physical therapy. A progress note on October 31, 2014 indicated the claimant had continued shoulder pain. Post-operative exam of the left shoulder was unremarkable. He had appropriate range of motion and was neurovascularly intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks (12 sessions) for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: 1) Myalgia and myositis, unspecified 9-10 visits over 8 weeks, 2) Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ODG guidelines, post-operative physical therapy is limited to 24 visits over 14 weeks. In this case the claimant had undergone over 30 visits of Physical therapy. In addition it has been over 14 weeks since surgery. The request for 12 sessions of physical therapy as above is not medically necessary.