

Case Number:	CM14-0177765		
Date Assigned:	10/31/2014	Date of Injury:	04/05/2013
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery 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 is a 56-year-old female with a 4/5/13 date of injury, when she sustained injuries to the left shoulder due to repetitive lifting activities. The patient underwent left shoulder rotator cuff repair on 2/6/14. The PT progress note dated 6/22/14 stated that the patient accomplished 36 sessions of PT and still complained of 9/10 pain in the shoulder. The patient was seen on 10/27/14 with complaints of pain and weakness in the left shoulder. Exam findings of the left shoulder revealed well-healed surgical incision site, mild effusion, tenderness of the acromioclavicular joint and weakness about the rotator cuff with motion. The diagnosis is impingement syndrome, frozen shoulder, tendonitis and adhesive capsulitis of the left shoulder. Treatment to date: left shoulder surgery, work restrictions, 48 sessions of PT and medications. An adverse determination was received on 10/13/14 given that the patient accomplished 48 sessions of PT in last 8 months and that the patient should transition into a self directed active exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions: 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 Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, ODG recommends 30 visits of PT over 18 weeks after the rotator cuff syndrome/Impingement syndrome for Post-surgical treatment. However the patient already exceeded the recommended number of sessions due to the guidelines and there is no rationale indicating why the patient should continue PT treatment for an extended period of time. In addition, it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for 12 additional physical therapy sessions is not medically necessary.