

Case Number:	CM14-0025226		
Date Assigned:	03/03/2014	Date of Injury:	06/13/2012
Decision Date:	08/01/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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. The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

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 66-year-old female who has submitted a claim for left shoulder status post AC joint resection, status post left shoulder arthroscopy sub acromial decompression and rotator cuff repair, right shoulder full thickness rotator cuff tear, right shoulder impingement syndrome, right shoulder AC joint arthrosis, and depression associated with an industrial injury date of 06/13/2012. The medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder pain but with 40% reported improvement post-surgery. She reported pain relief and functional improvement from medication use. The physical examination of the right shoulder showed positive Neer's test, positive Hawkin's test, and greater tuberosity tenderness. Objective findings of the left shoulder showed abductor and external rotator strength of 4/5. The treatment to date has included left shoulder arthroscopy, subacromial decompression, AC joint resection, and debridement on 11/13/2013; left shoulder arthroscopy, subacromial decompression and rotator cuff repair on 08/21/2012, and medications such as Diclofenac, Omeprazole, and Tramadol. The utilization review from 01/08/2014 denied the request for additional physical therapy x 18, left shoulder because current impairment only showed residual weakness, hence, patient can be transitioned into a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 18 SESSIONS FOR THE LEFT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines recommend post-operative physical therapy for 24 visits over 14 weeks for rotator cuff syndrome / impingement syndrome. In this case, patient underwent left shoulder arthroscopy, subacromial decompression, AC joint resection, and debridement on 11/13/2013. Initial course of physical therapy was already completed, hence this request for additional visits. However, medical records submitted and reviewed failed to provide documentation concerning total number of sessions attended and its functional outcomes. The medical necessity for extending physical cannot be established due to insufficient information. Therefore, the request for 18 physical therapy sessions for the left shoulder is not medically necessary.