

Case Number:	CM14-0030081		
Date Assigned:	06/20/2014	Date of Injury:	07/24/2012
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 33 year old female with date of injury 7/24/12. The treating physician report dated 2/17/14 indicates that the patient presents with moderate bilateral shoulder pain following left shoulder surgery in November 2013. The utilization review report dated 2/26/14 indicates that the patient has received 12 post surgical PT visits with no documentation of improvement. The current diagnosis based on the surgeons report dated 1/10/14 is: Status left shoulder arthroscopy with subacromial decompression, progressing well with good results from the surgery. The utilization review report dated 2/26/14 denied the request for a shoulder rehab kit and 12 sessions of PT for the left shoulder based on the rationale that a kit wasn't supported by MTUS and 12 additional post surgical PT visits weren't medically necessary based on lack of improvement from the first 12 PT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder rehab kit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The patient presents with continued left shoulder pain following left shoulder arthroscopy on 11/8/13. The current request is for a shoulder rehab kit. The treating physician report is a hand written check box report that provides limited information. The plan states, "Rehab kit left shoulder, PT 2x6 to improve strength, ROM, decrease pain post op." The surgeon's follow up report dated 1/10/14 indicated that the patient's left shoulder pain went from a 7/10 to a 4/10 following surgery and physical therapy. The MTUS Guidelines do not address Durable Medical Equipment - Shoulder kit. The current request for a shoulder kit to perform home exercises post surgically is supported by the ODG Guidelines. The request is medically necessary.

12 sessions of Physical Therapy (PT) for the left shoulder (2 x per week for 6 weeks):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 726.1; 726.12.

Decision rationale: The patient presents with continued left shoulder pain following left shoulder arthroscopy on 11/8/13. The current request is for physical therapy 2x6 left shoulder. The treating physician report is a hand written check box report that provides limited information. The plan states, "Rehab kit left shoulder, PT 2x6 to improve strength, ROM, decrease pain post op." The surgeon's follow up report dated 1/10/14 indicated that the patient's left shoulder pain went from a 7/10 to a 4/10 following surgery and physical therapy. The reports provided did not document the number of PT sessions completed post surgically. The utilization review report dated 2/26/14 states that 12 post surgical PT sessions were provided. The MTUS post surgical treatment guidelines state that up to 24 sessions are allowed following arthroscopic repair of impingement syndrome. The reports provided indicate that the patient is improving and the treating physician has recommended continued PT care. The request is medically necessary.