

Case Number:	CM14-0030989		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2012
Decision Date:	09/25/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 Pain Management 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 male patient with the date of injury of August 9, 2012. A Progress Report dated February 12, 2014 identifies Subjective Complaints that his shoulder is about the same. It is dull, burning, throbbing, numbness and tingling that is about 4/10. Objective Findings identify forward flexion is 160 degrees, abduction 130 degrees, external rotation at 90 degrees of abduction is 70 degrees, internal rotation is 40 degrees, extension is 50 degrees, adduction is 30 degrees, and external rotation at the side is 10 degrees. Assessment identifies left shoulder recalcitrant adhesive capsulitis, plateaued and status post left shoulder manipulation under anesthesia for left shoulder adhesive capsulitis. Plan identifies proceed with left shoulder arthroscopy with arthroscopic lysis of adhesions, subacromial decompression, distal clavicle resection, biceps, and labral work as needed. Postoperatively he will need physical therapy three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op PT 3 x week for 6 weeks to the left shoulder: Upheld

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: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for Post-op PT 3 x week for 6 weeks to the left shoulder, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is no indication surgery has been authorized. In addition, the current request is more than half the amount of total sessions that are supported, as recommended by guidelines. In light of the above, the currently requested Post-op PT 3 x week for 6 weeks to the left shoulder is not medically necessary.