

Case Number:	CM14-0031050		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2012
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
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 Occupational Medicine, 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:

According to the records made available for review, this is a 48-year-old male with a 11/21/12 date of injury, and status post left shoulder arthroscopy, distal clavicle resection, subacromial decompression, and labral debridement 9/21/13. At the time (2/19/14) of request for authorization for eighteen (18) additional post-op physical therapy sessions for the left shoulder two (2) to three (3) times six (6) weeks, there is documentation of subjective (shoulder pain post-op, increased range of motion from prior to the surgery, patient is back to work) and objective (shoulder range of motion forward flexion 160, external rotation 40 degrees, IR is still a problem) findings, current diagnoses (impingement syndrome, rotator cuff tendonitis, shoulder instability, and adhesive capsulitis), and treatment to date (physical therapy x 34 sessions, home exercise program, and medications). 2/12/14 medical report identifies that the patient has significantly improved range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) additional post-op Physical Therapy sessions for the left shoulder two (2) to three (3) times six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 14 weeks and post-surgical physical medicine treatment period of up to 6 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnoses of impingement syndrome, rotator cuff tendonitis, shoulder instability, and adhesive capsulitis. In addition, there is documentation of status post left shoulder arthroscopy, distal clavicle resection, subacromial decompression, and labral debridement on 9/21/13 and 34 sessions of post-operative physical therapy sessions completed to date, which exceeds guidelines. Furthermore, there is documentation of objective improvement with previous therapy. Moreover, given documentation of a 9/21/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for eighteen (18) additional post-op physical therapy sessions for the left shoulder two (2) to three (3) times six (6) weeks is not medically necessary.