

Case Number:	CM14-0034200		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2010
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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:

The patient is a 52-year-old female who was injured on 05/24/2010. She sustained an injury when while lifting children to change their diapers, cleaning-wiping down tables/toys and changing tables. Prior treatment history has included extracorporeal shock wave treatment and physical therapy. The patient underwent left shoulder diagnostic arthroscopy, arthroscopic glenohumeral debridement, arthroscopic glenohumeral synovectomy, arthroscopic biceps tenodesis and arthroscopic left shoulder subacromial decompression. Diagnostic studies reviewed include magnetic resonance imaging (MRI) of the left shoulder dated 08/02/2014 revealed moderate tendinosis of the supraspinatus tendon without recurrent tear. There are fibrotic changes noted in the subacromial subdeltoid bursa and acromial-clavicular joint, most likely post surgical fibrosis. There is a tear of the intra-articular portion of the long head of the biceps tendon with irregularity at the bicipital labral complex. Progress report dated 02/07/2014 indicates the patient complained of severe pain in the left shoulder. She has good passive range of motion but unable to actively abduct. On exam, the left shoulder active range of motion revealed abduction to 100 degrees; external rotation to 80 degrees. The patient was diagnosed with status post left shoulder pain. The treatment and plan included 10 sessions of physical therapy. Prior utilization review dated 02/16/2014 states the request for postoperative physical therapy 10 sessions for the left shoulder is not authorized and has been modified to 6 sessions of physical therapy 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY 10 SESSIONS FOR THE LEFT SHOLDER:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to MTUS Post-Surgical Treatment Guidelines, 24 visits of physical therapy with a 6 month treatment period are recommended after arthroscopic rotator cuff repair and acromioplasty. The patient is a 54-year-old female who was injured on 5/24/10. She underwent left shoulder arthroscopic debridement, biceps tenodesis, subacromial decompression, and synovectomy on 11/7/13. Thereafter she completed 24 sessions of physical therapy. This is a request for 10 more physical therapy visits. However, while physical therapy records note an improvement in left shoulder range of motion since 7/22/13, strength has not improved. The patient's treating physician notes the patient's left shoulder strength is worse since surgery and that the condition of her left shoulder has "deteriorated" overall. Clinically significant functional improvement from physical therapy is not clearly demonstrated. The patient completed the standard number of recommended visits. Medical necessity is not established for further physical therapy.