

Case Number:	CM14-0035677		
Date Assigned:	06/23/2014	Date of Injury:	03/16/2012
Decision Date:	12/09/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/24/2014

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 & 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 39 years old female with an injury date on 03/16/2012. Based on the 02/26/2014 progress report provided by [REDACTED], the diagnoses are: 1. Left Shoulder bicep tear 2. Left shoulder adhesive capsulitis. According to this report, the patient complains of "constant pain in left shoulder with patient has had over three months of conservative care and still has stiffness, severe pain, lack of ROM, with subjective finding that includes left shoulder pain that decreased ROM." MRI of the left shoulder on 12/17/2013 reveals "moderate tendinitis with superimposed partial thickness tears full thickness tear of long head biceps tendon, and osteoarthritic changes in the AC joint and sub acromial spur impinging over supraspinatus tendon." The patient is to have left shoulder manipulation under anesthesia soon. There were no other significant findings noted on this report. The utilization review denied the request on 02/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/26/2014 to 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy 2x per week for 6 weeks to the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical MTUS) Page(s): 26, 27.

Decision rationale: According to the 02/26/2014 report by [REDACTED] this patient presents with constant pain in left shoulder with restricted range of motion. The treater is pre-requesting post operative physical therapy 2 times per week for 6 weeks to the left shoulder. Review of reports indicates that the patient is to have an Adhesive capsulitis, left shoulder "manipulation under anesthesia" soon and appears to be schedule for 03/10/2014. For Adhesive capsulitis therapy treatments, MTUS guidelines recommend 24 visits over 14 weeks with time frame for treatment is 6 months. Given the patient's pending surgery, post-operative therapy will be required. The request is medically necessary.