

Case Number:	CM14-0045908		
Date Assigned:	07/02/2014	Date of Injury:	07/09/2013
Decision Date:	08/25/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 59-year-old male with date of injury of 07/09/2013. The listed diagnoses per [REDACTED] dated 03/31/2014 are: sprain/strain of the shoulder, tendinitis/bursitis of the shoulder, and internal derangement of the shoulder. According to this handwritten report, the patient complains of intermittent moderate left shoulder pain. He has significant limitations with motion and activities of daily living. He tries to exercise at home. The objective finding show there is tenderness on the left shoulder, flexion is 90 degrees, abduction is 80 degrees, and motor strength is 4-/5. The left deltoid and biceps show atrophy. The utilization review denied the request on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional sessions of Post-Operative Physical Therapy for left shoulder: Upheld

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

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

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder adhesive capsulitis from 01/27/2014. The MTUS postoperative guidelines page 26-27

recommends 24 visits over 10 weeks. The physical therapy report dated 02/03/2014 show that the patient complains of pain at a rate of 6/10 to 7/10 on the left shoulder with radiculopathy. He also has decreased grip strength, general left shoulder strength, and range of motion. This report does not note how many sessions the patient has received to date. The UR letter reports that the patient received some 24 postoperative physical therapy visits to date. In this case, the requested 12 sessions when combined with the previous 24 would exceed MTUS postoperative guidelines. The patient should be able to transition into a self-directed home exercise program to improve range of motion, strength and flexibility. Therefore, the request is not medically necessary.