

Case Number:	CM14-0059257		
Date Assigned:	06/20/2014	Date of Injury:	03/12/2012
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
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 Rehabilitation & Pain Management 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 45 year old with an injury date on 3/12/12. Based on the 1/16/14 progress report provided by ██████████ the diagnosis is s/p rotator cuff repair from 7/12/13. Exam of left shoulder on 1/16/14 showed "patient can passively forward flex to 110-115. She still abducts to 90." ██████████ is requesting 12 additional sessions of physical therapy for the left shoulder, 2 times a week for 6 weeks as an outpatient. The utilization review determination being challenged is dated 3/3/14. ██████████ is the requesting provider, and he provided treatment reports from 3/10/13 to 1/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Physical Therapy for the Left Shoulder, 2 Times a Week for 6 Weeks as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: This patient presents with left shoulder pain and is s/p subacromial decompression with mini-open repair rotator cuff of left shoulder from 7/12/13. The treating physician has asked 12 additional sessions of physical therapy for the left shoulder, 2 times a week for 6 weeks as an outpatient on 1/16/14 "to treat adhesive capsulitis." 10/10/13 report states patient has stiffness in shoulder movement, and has stopped physical therapy and is being instructed in home exercises as patient has not shown improvement. Patient had 24 physical therapy sessions to date per 1/16/14 report. MTUS guidelines state for rotator cuff syndrome/Impingement syndrome and arthroscopic shoulder surgery, post surgical treatment of 24 visits over 14 weeks is recommended over a treatment period of 6 months. In this case, patient has exhibited shoulder stiffness before 1/16/14 date, and has already completed 24 sessions as allowed by MTUS, and therapy has not helped. Requested additional 12 sessions are not medically necessary.