

Case Number:	CM14-0064112		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2013
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 underlying date of injury in this case is 08/07/2013. The patient's diagnosis is status post a left shoulder arthroscopy and superior labrum repair. The patient was seen in orthopedic treating physician followup 04/22/2014. The treating physician reviewed the patient's history of a left shoulder labrum repair 02/07/2014. The patient reported slow improvement and substantial pain in her left shoulder. On exam of the left shoulder, the patient had active motion and flexion to 150 degrees, abduction 140, and external rotation 50 degrees with pain at end range. The patient had not yet started strengthening and physical therapy given pain and limited range of motion. Therefore, the treating physician strongly recommended additional physical therapy. An initial physician review noted that the patient had previously received 18 physical therapy visits and that the treatment guidelines recommend 24 visits over 14 weeks and therefore that review modified the request to a total of 6 additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 3 wks left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

Decision rationale: As this is an independent medical review, it would be appropriate for the appeal not to be regarding the remaining 6 visits to the left shoulder but rather with reference to the original request for physical therapy 2 times per week for 6 weeks. The Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines Section 24.3 states that the treating surgeon should determine whether there are additional functional goals to support the need for additional physical therapy. The treating physician has noted concern regarding regression of the patient clinically due to past treatment denials and notes in particular that the patient's residual pain has limited both range of motion and has limited progression to strengthening. The treating physician therefore has recommended 12 additional physical therapy visits in order to facilitate achievement of full range of motion and progression to a strengthening program. The rationale by the treating physician in this situation for additional physical therapy 2 times a week for 6 weeks is consistent with the treatment guidelines. Therefore, the original request for physical therapy 2 times a week for 6 weeks is reasonable and medically necessary.