

Case Number:	CM14-0069008		
Date Assigned:	07/14/2014	Date of Injury:	11/05/2012
Decision Date:	08/21/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/14/2014

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 Orthopedic Surgery 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:

This claimant is a 59-year-old female who was injured on November 5, 2012, as a result of repetitive trauma to the shoulders. The records provided for review document that after a course of conservative care for the left shoulder, the claimant underwent an arthroscopic subacromial decompression on October 14, 2013. The records note that postoperatively, the claimant was treated with an aggressive course of formal physical therapy for greater than twenty-four sessions. The follow up report on April 24, 2014, identifies a prescription for additional physical therapy for twelve sessions for a diagnosis of status post left shoulder arthroscopic debridement and adhesive capsulitis. The progress report of April 24, 2014 documented physical exam with shoulder motion of 135 degrees of forward flexion, 70 degrees of external rotation, slight trapezial paracervical and parascapular tenderness. Medication management was also renewed at that time including Voltaren, Prilosec, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional postoperative physical therapy twelve (12) sessions for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines, twelve additional sessions of therapy cannot be supported. The Post Surgical Guidelines recommend up to twenty-four physical therapy sessions over a fourteen week period of time. This individual has already undergone twenty-four sessions of therapy since the October 2013 surgical process. The request for twelve additional sessions of therapy would exceed the Post Surgical Guidelines. There is no documentation of objective findings on examination to support the additional therapy request and it cannot be supported.