

Case Number:	CM14-0075010		
Date Assigned:	07/16/2014	Date of Injury:	05/08/2013
Decision Date:	09/22/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 48-year-old male patient with a 5/8/13 date of injury. The mechanism of injury was the patient prevented himself from falling by hanging from his left arm. The most recent progress notes from 4/10/14 described continued limited ROM and occasional left lateral deltoid pain. The patient was 5 months postop from left arthroscopic acromioplasty, Mumford and debridement of partial rotator cuff tear. Due to limited progress postop, a decision was made to seek approval for an additional arthroscopic manipulation. Objective findings: L shoulder ROM was 160/40/40 with guarding. There was tenderness at the AC joint. MRI of the left shoulder dated 7/22/13 showed degenerative joint disease of the left AC joint. A physical therapy note dated 1/16/14 indicated that the patient has had 12 sessions of post-operative physical therapy after the Mumford procedure, and is progressing well. Diagnostic impression: Postop adhesive capsulitis, left shoulder. Treatment to date: activity modification, physical therapy, medication management, and TENS A UR decision dated 4/23/14 denied the request for Post-operative physical therapy 12 visits, left shoulder due to lack of information about the patient disposition at the time of the application for approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 12 visits, 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: CA MTUS Post-Surgical Treatment Guidelines support up to 24 sessions of post-operative physical therapy over 14 weeks for adhesive capsulitis. However, at the point of the latest progress notes, the records included for review did not indicate whether surgery had not yet been approved in this case. The patient has already completed 12 sessions of physical therapy after his previous surgery as indicated in a physical therapy note dated 1/16/14. Further information would be necessary to substantiate this request. Therefore the Decision for Post-operative physical therapy 12 visits, left shoulder was not medically indicated.