

Case Number:	CM14-0088734		
Date Assigned:	07/23/2014	Date of Injury:	07/07/2013
Decision Date:	08/28/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 39-year-old female with a 7/7/13 date of injury. The last physiotherapy note was dated 2/20/14, and was the patient's 16th PT visit. The patient is status post right shoulder arthroscopy with subacromial decompression and glenohumeral debridement (12/26/13). 3/26/14 progress note documented complaints of severe anterior shoulder pain (8/10). It was noted that the patient was doing well postoperatively and focusing on range of motion, when the shoulder began to lock up. There was worsening over the last several days with popping and snapping in the shoulder. Clinically, there was exquisite tenderness over the bicipital groove, anteriorly; 90 of forward flexion; 70 of abduction; and 45 of external rotation. A steroid injection into the bicipital groove was performed. 5/7/14 progress note described 50% improvement from the steroid injection, but continued difficulty raising the arms above the shoulder. Restrictions were provided including 10 pounds weight bearing at the waist and no weight bearing at shoulder height. Home exercises were recommended. The patient was noted to have completed 24 sessions of postoperative physical therapy. 12 additional PT sessions were requested. 5/13/14 physical therapy note described treatment on 5/13/14; 5/8/14; 4/30/14; 4/16/14; and 4/14/14. Continued PT 2 times weekly was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This request previously obtained an adverse determination as the patient had already exceeded guideline recommended number of PT sessions. The patient underwent right shoulder arthroscopy with subacromial decompression and glenohumeral debridement. CA MTUS supports up to 24 sessions following surgical treatment for impingement syndrome. The patient was noted to have completed 24 sessions of PT and an additional 12 sessions have been requested. The patient underwent a bicipital groove injection on 5/7/14, and was noted to improve by 50%. While guidelines would support several PT sessions following a steroid injection, the number of requested PT sessions would far exceeded guideline recommendations. The postsurgical physical medicine treatment following surgery is 6 months. The patient has surpassed the postsurgical period. It is unclear why the patient is unable to proceed in a home exercise program, following completion of guideline recommended number physical therapy sessions following surgery. The request remains unsubstantiated.