

Case Number:	CM14-0094833		
Date Assigned:	07/25/2014	Date of Injury:	04/19/2012
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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 Physical Medicine & Rehabilitation, 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 56-year-old male with an injury date on 04/19/2012. Based on the 05/13/2014 progress report provided by the requesting provider, the diagnoses are arthritis shoulder region; joint effusion; left shoulder adhesive capsulitis; left shoulder status post manipulation under anesthesia with injection of cortisone (03/12/2014); left shoulder, arthroscopic rotator cuff repair, biceps tendonitis, subacromial bursectomy, and glenohumeral joint debridement (08/05/2013); right shoulder postoperative adhesive capsulitis; right shoulder, arthroscopic rotator cuff repair, biceps tendonitis, subacromial bursectomy, and glenohumeral joint debridement (10/08/2012); rotator cuff tear; and right middle finger trigger finger. According to this report, the patient complains of constant pain to the bilateral shoulders. Movement of the shoulders is described as painful. Shoulder range of motion is decreased. Tenderness to palpation was noted over the anterior and lateral aspect of the bilateral shoulder. The patient states that physical therapy has been helpful and notes better movement. On 03/12/2014 operative report, the patient had a left shoulder manipulation under anesthesia with injection of cortisone. There were no other significant findings noted on this report. The requesting provider is requesting 6 sessions of physical therapy for the left shoulder. The utilization review denied the request on 06/03/2014. The requesting provider provided treatment reports from 12/04/2013 to 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY LEFT SHOULDER X6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to the 05/13/2014 report by requesting provider, this patient presents with constant pain to the bilateral shoulders. The treater is requesting 6 sessions of physical therapy for the left shoulder. The patient is status post left adhesive capsulitis on 03/12/2014. The UR denial letter states the patient has had 24 postoperative physical therapy sessions following the last surgery. Regarding postoperative adhesive capsulitis therapy treatments, MTUS guidelines recommend 24 visits over 14 weeks. There does not appear to be any specific reason(s) provided by the treater as to why this patient would require more therapy than what is allowed by MTUS. The treater is requesting an addition 6 sessions; however, there is no current functional status described to consider additional therapy. Additional therapy can be considered with functional improvement but in this case, the treater requests additional therapy without discussing how the patient is doing. Recommendation is not medically necessary.