

Case Number:	CM14-0207147		
Date Assigned:	12/19/2014	Date of Injury:	12/16/2007
Decision Date:	04/21/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 50 year old male, who sustained an industrial injury on 12/16/2007. The current diagnoses are status post left shoulder arthroscopy, capsulectomy, manipulation under anesthesia, debridement of partial rotator cuff tendon tear, and debridement of extensive posterior labral tear and chondroplasty of the glenohumeral joint (5/5/2014). According to the progress report dated 10/1/2014, the injured worker is generally doing very well. He has near full range of motion of the left shoulder. Rotator cuff strength is full. Impingement signs are negative. Treatment to date has included surgical intervention and post-operative physical therapy. Patient has completed 24 sessions of physical therapy with very variable response to PT with some reports showing significant improvement and days of regression. The plan of care includes 8 additional physical therapy sessions to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy for the left shoulder: Upheld

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

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

Decision rationale: As per MTUS Post-Surgical Treatment Guidelines, patient has completed over 24 physical therapy sessions since surgery. Pt shows very variable response to PT with days of improvement and days showing regression of improvement. Guidelines recommend a maximum of 24 sessions of PT that the patient has met. The documentation shows no rationale as to why patient cannot perform home-directed physical therapy and exercises learned during months of PT. Patient has met maximum recommended PT sessions as recommended by guidelines with no rationale to support additional PT sessions. Additional physical therapy is no medically necessary.