

Case Number:	CM14-0086930		
Date Assigned:	07/23/2014	Date of Injury:	11/22/2012
Decision Date:	02/17/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/10/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab 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 52 year old female with date of injury 11/22/12. The treating physician report dated 05/01/14 (385) indicates that the patient presents with pain affecting left shoulder, status post arthroscopic decompression. The physical examination findings reveal incisions are well healed; positive tenderness, questionable site, and weakness in rotator cuff musculature; ROM shows positive discomfort with extremems of motion; patient has full motor strength of the shoulder abductors and internal and external rotators to manual testing. Rotator cuff strength is euqual in both arms at 5/5 and there is a negative impingement arc noted. The current diagnosis is: 1. Status post left shoulder arthroscopy and decompression The utilization review report dated 5/14/14 (554) denied the request for Physical Therapy based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-operative Physical Therapy Left shoulder 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with left shoulder pain. The current request is for Additional Post-operative Physical Therapy Left shoulder 2x4. The treating physician indicates that, "the patient is making somewhat slower than anticipated progress." The physician goes on to state that this is partly secondary to the delay in physical therapy. The MTUS Post-Surgical Treatment Guidelines state, "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6 months." In this case, the patient had the shoulder surgery on January 20th, 2014 (485); at the time of the request, it was within the 6 month time frame as outlined in the guidelines. The 2/27/14 treating physician report states, "She is doing well. Symptoms are resolving with physical therapy." The utilization review report dated 5/14/14 states that the patient has completed 28 post-surgical physical therapy visits. The treating physician has not documented any new injury or diagnosis, there is no explanation why the patient has not been transitioned to a home exercise program and the requested 8 visits are in excess of the 24 visits recommended by the MTUS post-surgical guidelines. The current request is not medically necessary.