MAXIMUS Federal Services

Case Number:	CM15-0020844		
Date Assigned:	02/10/2015	Date of Injury:	12/27/2003
Decision Date:	04/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 12/27/2003. The diagnoses have included rotator cuff rupture and cervical disc displacement without myelopathy. Treatment to date has included surgical intervention and conservative treatment. The injured worker was status post left shoulder surgery on 10/28/2014 (supraspinatus repair, superior labrum anterior and posterior lesion debridement, partial acromioplasty). She stated she was not as "tight" in the neck/shoulder area and the shoulder dropped down to a normal height. She reported that she was still having decreased range of motion at the shoulder. Objective findings included no swelling in any extremity and normal muscle tone without atrophy in the left upper extremity. She had difficulty raising her arm above shoulder level. She was to continue physical therapy for the left shoulder. Physical therapy notes were submitted 11/12/2014 to 1/05/2015. On 2/02/2015, Utilization Review modified a request for additional post-operative physical therapy left shoulder (2x6) to additional post-operative physical therapy left shoulder (2x3), noting the lack of compliance with ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 x a week for 3 weeks for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy, Shoulder.

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

Decision rationale: According to the 12/26/2014 report, the patient is 2 month status post left shoulder arthroscopy and had significant pain and stiffness in the shoulder. The current request is for post-op physical therapy 2x a week for 3 week for the left shoulder. The request for authorization is not included in the file for review. The patient's work status is "not at maximum medical improvement. Limitations of no standing, sitting or walking more than 30 minutes at a time. No bending, kneeling or squatting. No lifting, pushing or pulling more than 5 pounds. No overhead reaching." The Post-Surgical MTUS Guidelines would appear to apply in this case as the time frame for treatment is 6 months. MTUS guidelines recommend 24 visits over 14 weeks with time frame for treatment of 6 months. The provided physical therapy reports from 11/12/2014 to 12/24/2014 show the patient has completed 11 post-op therapy sessions. The 12/24/2014 physical therapy report states, the patient "pain a bit less, and more ROM." In this case, given that the patient has completed 11 sessions recently, the requested 6 additional sessions is in accordance with the MTUS guidelines. MTUS supports 24 sessions of physical therapy for this type of surgery. The request IS medically necessary.