

Case Number:	CM14-0006541		
Date Assigned:	03/03/2014	Date of Injury:	12/27/2011
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 and 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 69 year old with an injury date on 12/21/11. Based on the 8/1/13 progress report provided by [REDACTED] the diagnosis is two and a half months after rotator cuff debridement on the right arthroscopically. Exam on 8/1/13 showed patient lacks about 30 degrees of abduction 4/5 rotator cuff power, moderate pain with rotator cuff testing. [REDACTED] is requesting physical therapy 3 times per week for 4 weeks to the left shoulder. The utilization review determination being challenged is dated 12/31/13 and states patient has already completed 24 sessions of physical therapy and another 12 sessions is not recommended considering patient has no objective deficits in range of motion or strength in shoulder. [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 2/7/13 to 8/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES PER WEEK FOR FOUR WEEKS TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, SHOULDER COMPLAINTS, POST-SURGICAL TREATMENT GUIDELINES,

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

Decision rationale: This patient presents with pain and swelling in left shoulder consistent with being s/p left shoulder surgery from 5/3/13 for arthroscopy and debridement of labrum and subscapularis tendon, subacromial decompression with acromioplasty. The treater has asked physical therapy 3 times per week for 4 weeks to the left shoulder on 8/1/13. Review of reports show patient has undergone 24 physical therapy, 12 between 5/13/13 and 6/10/13, and 12 between 8/6/13 and 8/30/13. The 8/12/13 report states patient's chronic shoulder condition has regressed with cessation of physical therapy in past two months, and has worsened overall in past 2 years since injury. The 8/20/13 report states patient has regained full range of motion, has good strength, with moderate pain. Patient is able to return to work, and "should continue with at-home physical therapy regimen" per 8/20/13 report. MTUS guidelines state for rotator cuff syndrome/arthroscopic shoulder surgery, post surgical treatment of 24 visits over 14 weeks is recommended over a treatment period of 6 months. In this case, the patient has already had 24 sessions of post-operative therapy and additional 12 sessions would exceed what is recommended by MTUS guidelines. The patient appears to have regained full ROM, good strength but has moderate pain. The patient should transition into home exercise program. The request is not medically necessary or appropriate.