

Case Number:	CM14-0140020		
Date Assigned:	09/08/2014	Date of Injury:	02/03/2010
Decision Date:	10/24/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine/ Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 37 year-old with a date of injury of 02/03/10. A progress report associated with the request for services, dated 07/11/14, identified subjective complaints of left shoulder pain. Objective findings included mild pain with resisted abduction and mild decrease in motor function. Diagnoses included (paraphrased) left shoulder impingement syndrome and rotator cuff tear. Treatment had included left shoulder arthroscopy in April of 2014. An unspecified number of physical therapy sessions were noted, with pain worsening after therapy. A Utilization Review determination was rendered on 08/15/14 recommending non-certification of "physical therapy 1xwk x 6wks left shoulder".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1XWK X 6WKS LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 11, 12, 27.

Decision rationale: The MTUS Postsurgical Guidelines for the shoulder recommend postsurgical physical medicine (PT) consisting of a general course of therapy of 24 visits over 14

weeks with a treatment period of 6 months. The general postoperative PT guidelines state that: "Treatment is provided to patients to facilitate postsurgical functional improvement". An initial course of therapy is to be prescribed that consists of half the number of visits specified in the general course of therapy. With documentation of functional improvement, a subsequent course of therapy may be prescribed within the general course guidelines. They further note that: "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period". The patient's prior number of physical therapy sessions and functional response were not specified. Without that documentation, medical necessity for additional physical therapy sessions cannot be determined.