

Case Number:	CM14-0141039		
Date Assigned:	09/10/2014	Date of Injury:	03/06/2013
Decision Date:	10/31/2014	UR Denial Date:	07/25/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 43-year-old male with a reported injury on 03/06/2013. The mechanism of injury was not noted in the records. The injured worker's diagnoses included left shoulder impingement syndrome. The injured worker's past treatments included pain medication, 10 sessions of physical therapy, and surgical intervention. There was no relevant diagnostic imaging provided for review. The injured worker's surgical history included left shoulder surgery on 05/02/2014 to repair a rotator cuff tear. The subjective complaints on 04/16/2014 include left shoulder pain. The objective physical exam findings noted positive impingement sign of left shoulder and tenderness to palpation of left shoulder along with decreased range of motion. The injured worker's medications were not included in the clinical notes. The treatment plan was to order additional postop physical therapy. A request was received for 8 sessions of physical therapy for the left shoulder. The rationale for the request was to strengthen the left shoulder and increase the range of motion. The Request for Authorization form was not provided with the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Adhesive Capsulitis

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27-28.

Decision rationale: The request for 8 sessions of physical therapy for the left shoulder is not medically necessary. The California MTUS Postsurgical Guidelines state up to 40 visits of physical therapy may be supported for a complete rupture of the rotator cuff for postsurgical treatment. The continuation of visits should be contingent on documentation of objective improvement. The injured worker had left shoulder surgery on 05/22/2014. The notes indicate that the injured worker has already completed 10 sessions of physical therapy. There was a lack of documentation submitted of objective functional improvement from the previous 10 physical therapy sessions. In the absence of objective measurable improvement the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.