

Case Number:	CM14-0144410		
Date Assigned:	09/12/2014	Date of Injury:	01/06/2014
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/05/2014

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 Rehabilitation & Pain Management 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:

This patient is a 49 year old male with a 1/06/14 date of injury. Based on the 5/23/14 progress report by [REDACTED] this patient complains of "moderate discomfort in his shoulder." Exam shows "significant pain with motion of his shoulder." Active forward flexion is limited to about 40 degrees; passive forward flexion is about 60 degrees, though limited by pain. External rotation is to 20 degrees, active equals passive. Diagnosis for this patient: two weeks status post left shoulder arthroscopic subacromial decompression, distal clavicle excision, biceps stenotomy, and extensive glenohumeral debridement. Work status as of 05/23/14: Off work. The utilization review being challenged is dated 9/04/14. The request is for outpatient physical therapy two (2) times a week for (6) weeks for the left shoulder; which was modified and certified for two (2) times a week for two (2) weeks for the left shoulder. According to the previous medical reviewer, the 8/11/14 medical records noted this patient has had at least fifteen (15) post-op physical therapy sessions completed and was authorized twenty (20) sessions to date and the maximum allowed by MTUS guidelines is 24 visits. [REDACTED] is the requesting provider and he has submitted various notes for this patient from 2/27/14 to 5/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 12 Sessions of Physical Therapy (2) times a week for (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Op Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Post-Surgical Treatment Guidelines, Section on Sh.

Decision rationale: This patient presents with very limited range of motion, largely due to pain, and is recovering from left shoulder surgery performed on 5/12/14. The request is for outpatient physical therapy two (2) times a week for (6) weeks for the left shoulder. IT seems this patient has had 20 sessions of post-op PT authorized, of which this patient attended 15 sessions, likely noted in the 8/11/14 medical records, missing from this file. There are scripts and RFAs from 5/23/14 for 8 sessions of therapy, and a 6/6/14 for 12 sessions of therapy, which totals 20 sessions. These would appear to have been authorized when reading the utilization review letter from 9/04/14. Again, the 8/11/14 medical record referenced in the 9/04/14 is missing in this file. MTUS Post-Surgical Guidelines allow for 24 visits during the post-surgical treatment period of 6 months. Given this patient appears to have been authorized at least 20 sessions following the surgery, an additional 4 sessions may be reasonable, but not the requested 12 sessions. The request is not medically necessary.