

Case Number:	CM14-0162410		
Date Assigned:	10/07/2014	Date of Injury:	03/31/2013
Decision Date:	11/14/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/02/2014

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, has a subspecialty in Interventional Spine Pain Management 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 51-year-old male with date of injury of 03/31/2013. The listed diagnoses per [REDACTED] from 09/08/2014 are: 1. Left shoulder impingement syndrome, status post injection x1. 2. Status post subacromial injection. 3. Status post left shoulder arthroscopy from 05/28/2014. According to this report, the patient notes slight improvement since his last follow-up visit. The patient reports left shoulder pain at a rate of 6/10 to 7/10. He is currently receiving physical therapy for the shoulder with relief and has about 5 sessions left. The examination shows tenderness on the left acromioclavicular joint, left supraspinatus tendon. Left impingement sign with painful range of motion. Rotator cuff strength of the left shoulder is 5/5. The provider references a left shoulder MRI that showed type 2 acromion with severe distal anterior supraspinatus tendinosis. The documents include an MRI of the left shoulder from 08/24/2013, operative report from 05/28/2014 and physical therapy reports from 04/09/2013 to 10/22/2013. The Utilization Review denied the request on 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 6 weeks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical guidelines on Rotator Cuff Syndrome/Impingement Syndrome Page(s): 26-27.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder arthroscopy from 05/28/2014. The MTUS postsurgical guidelines page 26 and 27 recommends 24 visits over 14 weeks for rotator cuff syndrome/impingement syndrome. The provider's request for additional therapy is within postsurgical treatment. The 06/02/2014 report shows that the patient is one week postoperative for left shoulder surgery and reports 9/10 level of pain with restricted range of motion. The 07/21/2014 report shows that the patient remained symptomatic since her last follow-up visit. He rates his pain on the left shoulder a 7/10 and states "his shoulder is beginning to feel loose." The 09/08/2014 report notes that the patient reports slight improvement since his last follow-up visit and currently rates his left shoulder pain 6/10 to 7/10. He is currently receiving physical therapy for the left shoulder with relief and has about 5 sessions left. It was further noted in this report that the patient has received and completed 8 sessions of therapy to date. No physical therapy reports following the patient's recent surgery were made available for review to determine the number of treatments thus far and with what results. In this case, the patient was authorized 13 postop physical therapies and the requested 12 would exceed MTUS recommended 24 sessions. Therefore, this request is not medically necessary.