

Case Number:	CM14-0165298		
Date Assigned:	10/10/2014	Date of Injury:	02/17/2005
Decision Date:	11/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 62 year old female with date of injury 2/17/05. The treating physician report dated 9/12/14 indicates that the patient presents post-op left shoulder arthroscopy, sub acromial decompression, rotator cuff repair and distal clavicle excision on 2/26/14. The patient reports continued pain and limited motion and has completed 12 therapy sessions. The physical examination findings reveal full left shoulder ROM that is painful with tenderness over the incision site. The current diagnoses are: 1. Post-op left shoulder 2. Left shoulder pain. The utilization review report dated 9/24/14 denied the request for physical therapy 2x6 for the left shoulder and authorized 2 sessions for HEP transition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week for 6 weeks for the left shoulder QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical MTUS Page(s): p26,27).

Decision rationale: The patient presents 5 months post left shoulder arthroscopy with continued left shoulder pain. The current request is for physical therapy left shoulder 2 x 6. The treating physician states in the 4/25/14 report that the patient is doing well and has completed physical therapy. In the 6/27/14 report the treating physician states, "Patient states she has been doing a HEP and it has been helping. Treatment recommendations: PT 2x6." There are physical therapy notes for 12 dates of service from 7/2/14 through 8/13/14 with weakness reported of the rotator cuff. On 8/12/14 the treating physician noted that the patient had completed 12 sessions of PT with full, painful range of motion. The Post-Surgical MTUS Guidelines would appear to apply in this case as the time frame for treatment is 6 months. The recommendation for rotator cuff syndrome/impingement syndrome is 24 visits. In this case the patient had completed physical therapy of unreported number of visits on 4/25/14 and was released to a home exercise program. Then on 6/27/14 the patient was prescribed 12 additional sessions that were completed on 8/13/14. The current request for an additional 12 physical therapy sessions exceeds the MTUS recommendation of 24 visits. There is no rationale provided to indicate why the patient has not been transitioned back to a home exercise program and there is no report of a new injury, new surgery or new diagnosis that could substantiate the current request. The request is not medically necessary.