

Case Number:	CM14-0168866		
Date Assigned:	10/17/2014	Date of Injury:	01/30/2012
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

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 66 year old with an injury date on 1/30/12. Patient complains of improved right shoulder pain but not improved in regards to range of motion, and shoulder "is getting stuck" per 9/9/14 report. Patient has seen only limited functional improvement in shoulder range of motion and she not been able to continue physical therapy due to lack of authorization per 9/9/14 report. Based on the 9/9/14 progress report provided by [REDACTED] the diagnosis is post subacromial decompression adhesive capsulitis right shoulder. Exam on 9/9/14 showed "limited range of motion of right shoulder, with improved internal rotation, but abduction is only 80 degrees." Patient's treatment history includes physical therapy, and medications. [REDACTED] is requesting 12 sessions of physical therapy for the right shoulder, 2xweek x12 weeks. The utilization review determination being challenged is dated 10/1/14 and modifies request to 12 sessions of physical therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 3/18/14 to 9/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the right shoulder, 2xWk x 12 Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient presents with right shoulder pain and is s/p right shoulder acromioplasty and repair per 5/28/14. The treating physician has asked for 12 sessions of physical therapy for the right shoulder, 2xweek x12 weeks on 9/9/14. Patient is in physical therapy as of 6/17/14 report, and patient "needs to continue aggressive physical therapy" per 7/29/14 report, but number of sessions were unspecified. MTUS guidelines state for rotator cuff syndrome/Impingement syndrome and arthroscopic shoulder surgery, post-surgical treatment of 24 visits over 14 weeks is recommended over a treatment period of 6 months. It is not known how many sessions of physical therapy the patient has attended, and the utilization review letter also is not clear on the number of sessions. As the patient has already completed some postsurgical physical therapy, however, the requested 24 sessions of physical therapy exceeds MTUS postsurgical guidelines for this type of condition. This request is not medically necessary.