

Case Number:	CM14-0092391		
Date Assigned:	07/25/2014	Date of Injury:	09/01/2006
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/18/2014

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 and is licensed to practice in Alabama. 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 60 year old female who was injured on 09/01/2006. Subsequently, the patient underwent a left subacromial decompression on 04/24/2013 with post-operative physical therapy (the patient is documented as starting physical therapy late). Progress reports on 02/13/2014 and 03/21/2014 document the patient to have continued decrease range of motion and complaints of pain. The utilization review determination dated 05/28/2014 denied the request for left shoulder physical therapy as there are no documents to show the patient has responded to prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder PT 2 x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), current online as of 9/2014, Shoulder disorders, Physical Therapy.

Decision rationale: The above ODG guidelines for shoulder disorders regarding physical therapy states that for rotator cuff syndrome/Impingement syndrome "post-surgical treatment,

arthroscopic: 24 visits over 14 weeks... Post-surgical treatment, open: 30 visits over 18 weeks." The follow up note, from 1/10/14, states that the patient underwent subacromial decompression for "labral tear rotator cuff tear". It is not clear from the documentation how many physical therapy visits have been completed already in the past, but the note from 1/10/14 states implies that she did not have many sessions by stating that "therapy started late... She needs more therapy. She has to have it done; she has not had it done... This patient requires more physical therapy." It is unlikely, therefore, that she already had the 24 or 30 sessions of therapy as recommended by ODG guidelines above. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.