

Case Number:	CM14-0093486		
Date Assigned:	07/25/2014	Date of Injury:	03/09/2012
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal Medicine 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 61-year-old female who has submitted a claim for left shoulder injury, status post left shoulder arthroscopy, extensive glenohumeral debridement and subacromial decompression; associated with an industrial injury date of 03/09/2012. Medical records from 2014 were reviewed and showed that patient complained of intermittent aching pain, but otherwise, no pain at rest. Physical examination revealed mild tenderness to palpation over the anterior shoulder. The patient had full passive range of motion throughout all planes except for loss of internal rotation at 70 degrees with pain with motion. There was mild weakness with forward flexion, external rotation and abduction. Treatment to date has included medications, physical therapy, and surgery. Utilization review, dated 05/27/2014, modified the request for Physical Therapy 2x week x 4 weeks Left Shoulder to 4 sessions of Physical Therapy for the left shoulder followed by a transition to a home-based exercise program because the patient has already attended 26 sessions of post-operative physical therapy and is making excellent progress with only mild remaining weakness, and improving range of motion. The request for Physical Therapy for 2x a week for 4 weeks is medically not necessary.

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 4 weeks Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The CA MTUS Postsurgical Treatment Guidelines recommend that postsurgical treatment for shoulder arthroscopy is 24 visits over 14 weeks and postsurgical physical medicine treatment period is 6 months. In this case, patient is status post left shoulder arthroscopy, extensive glenohumeral debridement and subacromial decompression on 02/18/2014. Patient has undergone 26 sessions of post-operative physical therapy with excellent progress and no evidence of re-injury. Based on the guidelines, and the clinical information submitted, the patient has exceeded the recommended number of supervised physical therapy sessions and should be transitioned to a home exercise program. Therefore, the request for Physical Therapy 2x week x 4 weeks Left Shoulder is not medically necessary.