

Case Number:	CM14-0096094		
Date Assigned:	07/25/2014	Date of Injury:	11/03/2010
Decision Date:	09/25/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 78-year-old female with a date of injury of 11/03/2011. The listed diagnoses per Dr. [REDACTED] are: 1. Bicipital Tenosynovitis 2. Complete rupture of rotator cuff 3. AC joint arthritis. According to progress report 06/03/2014, the patient is status post left shoulder RTC repair on 11/14/2012 and continues with AC joint pain rated at 6/10. The patient has some possible instances of frozen shoulder especially in the morning. Examination of the left shoulder revealed tender anterior shoulder. Positive Speed's, Neer's impingement and Hawkins' impingement sign were noted. The provider is requesting 6 physical therapy sessions to help her strength and range of motion. Utilization review denied the request on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (6 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98,99.

Decision rationale: This patient is status post arthroscopic rotator cuff repair on 11/14/2012. The provider is requesting 6 physical therapy sessions to increase strength and range of motion. The medical file provided for review includes 2 progress reports. There is no discussion of prior physical therapy treatment. Utilization review states the patient received a course of physical therapy following her surgery in 2012. The UR modified the certification to 2 sessions to "reappoint her with proper exercise technique." It appears the patient has not received physical therapy following her November 2012 left shoulder surgery. The patient most recently presented with AC joint pain with frozen shoulder especially in the morning. She had positive Speeds', Neer's impingement, and Hawkins' impingement on examination. She had decrease in strength and range of motion. Given the patient has not had physical therapy in the recent past and documented pain, decrease of range of motion, and frozen shoulder, a short course of 6 sessions to revisit pertinent exercises may be warranted. Therefore, this request is not medically necessary.