

Case Number:	CM13-0041861		
Date Assigned:	12/20/2013	Date of Injury:	03/10/2009
Decision Date:	11/23/2015	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51 year old female who reported an industrial injury on 3-10-2009. Her diagnoses, and or impressions, were noted to include: pain in shoulder; left shoulder impingement; status-post "VASAD" & debridement; and cervicgia. The history noted right shoulder surgery in 2009 with additional compensatory orthopedic injuries secondary to this surgery. No imaging studies were noted. Her treatments were noted to include: left shoulder arthroscopy with extensive debridement (6-26-13); post-operative physical therapy; medication management; and rest from work. The progress notes of 8-26-2013 reported improving with physical therapy. The objective findings were noted to include shoulder tender to palpation, range-of-motion 140-140-"TR", and negative Hawkins. The physician's request for treatment was noted for continued left shoulder physical therapy. No Request for Authorization for 12 additional post-operative physical therapy sessions, for the left shoulder, at 2 x a week for 6 weeks, outpatient was noted in the medial records provided. The Utilization Review of 10-4-2013 non-certified the request for 12 additional post-operative physical therapy sessions, for the left shoulder, at 2 x a week for 6 weeks, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) additional post-operative physical therapy sessions 2 times per week for 6 weeks for the left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Shoulder.

Decision rationale: MTUS 2009 recommends up to 24 sessions of physical therapy postoperative shoulder surgery. This patient has already received 24 sessions of physical therapy but continues to have a positive impingement sign with slightly diminished flexion range of motion. There's also positive trapezius muscle tenderness. The patient continues to have limited range of motion with continued shoulder discomfort postoperatively. This request for additional therapy exceeds evidence-based guidelines recommendations however is medically necessary based upon the clinical description of the patient.