

Case Number:	CM13-0007544		
Date Assigned:	01/03/2014	Date of Injury:	01/28/2012
Decision Date:	04/03/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

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. 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 48 year old female with a date of injury of 01/28/2012. The listed diagnoses per [REDACTED] dated 07/09/2013 are: (1) Industrial injury to right shoulder, right wrist, and low back, (2) Insulin-dependent diabetic, (3) Status post right shoulder arthroscopy on 09/14/2012, (4) MRI studies of the right shoulder dated 05/16/2013 revealed postoperative changes with synovitis. According to report dated 07/09/2013, the patient presents for reevaluation of her right shoulder. The patient is status post right shoulder arthroscopy dated 09/14/2013. It was noted that clinically, she is making slow and steady progress. Regarding physical therapy, the treater states that she has 4 sessions remaining and she continues to have residual stiffness and weakness involving her right shoulder. Examination of the right shoulder reveals well-healed arthroscopic portals. Forward flexion is 145 degrees, abduction is 140 degrees, and internal rotation to the SC joint and manual muscle testing is 4/5 in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY SESSIONS 1X6 FOR THE RIGHT SHOULDER: Upheld

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

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

Decision rationale: The medical records provided for review dating from 01/12/2013 to 10/01/2013 do not include any physical therapy reports. However, a utilization review dated 07/19/2013 indicates the patient received 49 postoperative physical therapy sessions following the 09/14/2012 right shoulder arthroscopy. This patient is well over the postoperative timeframe. For physical therapy medicine, the MTUS Chronic Pain Guidelines recommend for Myalgia and myositis-type symptoms, 9 to 10 visits over 8 weeks. In this case, the patient has had substantial postoperative physical therapy sessions. This most recent examination dated 07/09/2013 does not show markedly diminished range of motion to warrant further physical therapy sessions. Consequently, the request for a series of six physical therapy sessions is not medically necessary and appropriate