

Case Number:	CM13-0019179		
Date Assigned:	10/11/2013	Date of Injury:	04/09/2008
Decision Date:	04/18/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/03/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 68-year-old male who reported an injury on 04/09/2008. The mechanism of injury was not provided in the medical records. The patient has a history of right shoulder arthroscopy and right shoulder humerus fracture. The patient's most recent clinical note from 08/06/2013 reported complaint of right shoulder pain rated at 5/10. The note indicated the patient had been attending physical therapy with benefit. His objective findings included tenderness about the right anterior shoulder and trapezius with range of motion described as flexion 95 degrees, abduction 80 degrees, internal rotation 45 degrees, and external rotation 50 degrees. The note stated the patient was making slow progress and additional physical therapy was recommended along with his medications as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL EIGHT (8) PHYSICAL THERAPY FOR THE RIGHT SHOULDER .:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 1-98.

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

Decision rationale: California MTUS Postsurgical Treatment Guidelines recommends a period of 6 months for physical medicine treatment for a fracture of the humerus and arthroplasty of the shoulder. Since the patient's surgery was in 02/14/2013, chronic pain guidelines must be applied which specifies 9 to 10 visits for myalgia and myositis. The documentation submitted did not provide a recent physical examination for the patient's condition and did not provide evidence of how many physical therapy sessions were completed nor the outcomes from those sessions. Due to the lack of documentation, the necessity for additional physical therapy cannot be determined at this time. As such, the request is non-certified