

Case Number:	CM13-0037006		
Date Assigned:	12/13/2013	Date of Injury:	11/17/2011
Decision Date:	02/13/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 60-year-old male who reported a work-related injury on 11/17/2011. The specific mechanism of injury was not stated. The patient presents for treatment of the following diagnoses: headache, lumbar spine injury, lumbar disc protrusion, rule out lumbar radiculitis, right shoulder myoligamentous injury, left shoulder partial tear, left knee sprain/strain, left knee medial meniscus tear, left knee contusion, right knee sprain, bilateral degeneration of the medial meniscus per MRI, right knee contusion, loss of sleep, psych component, diabetes, status post surgery left ankle, and status post right shoulder surgery. The clinical note dated 12/24/2013 reports the patient was seen under the care of [REDACTED]. The provider was recommending physical therapy 2 to 3 times a week for 6 weeks, as the patient was status post right shoulder surgery per [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

twenty four (24) post-op physical therapy sessions to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient is seen in clinic status post a work-related injury sustained in 11/2011 and subsequent to right shoulder surgical intervention. The provider documents the patient's range of motion about the shoulder was significantly decreased and painful. The clinical documentation fails to evidence the specific surgical intervention the patient underwent to the right shoulder. Furthermore, a physical therapy follow up discharge summary report dated 01/29/2013 reported the patient had attained maximum benefit from physical therapy. The patient had utilized 3 supervised visits. The clinical notes do not evidence a clear course of postoperative treatment for this patient. In addition, California MTUS Postsurgical Guidelines indicate an initial course of treatment means one-half of the number of visits specified in the general course of therapy for the specific surgery and the postsurgical physical medicine treatment recommendations set forth. Given the current request cannot be modified, and it is unclear the patient's course of treatment postoperatively, and the specific operative procedure performed, the request for Post-op Physical Therapy right shoulder x 24 sessions is neither medically necessary nor appropriate.