

Case Number:	CM13-0042877		
Date Assigned:	12/27/2013	Date of Injury:	06/10/2011
Decision Date:	07/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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 injured worker is a 38 year old female who reported an injury on 06/10/2011 due to a fall down a flight of stairs. The injured worker complained of severe right shoulder pain at 10/10, and left shoulder pain at 8/10. She complained of radiating pain from the shoulder down to the arm with numbness and tingling. On 07/16/2013 the physical examination revealed tenderness in the subacromial area, and acromioclavicular joint. On 04/22/2013 the MRI revealed acromioclavicular joint osteoarthritis, supraspinatus tendinosis, infraspinatus tendinosis, and hooked and anteriorly downsloping acromion. The injured worker had a diagnosis of right shoulder strain with positive impingement test, and tendinosis/tendinitis of the rotator cuff mechanism. The past treatment included an unknown type of right shoulder surgery on 08/16/2013, and acupuncture, and physical therapy. The injured worker was on the following medications: Norco 10/325mg, tramadol 50mg, zanaflex 4mg, Xanax 1mg, Prilosec 20mg, Prozac, and gabapentin 300mg. The current treatment plan is for post-op physical therapy 3 times per week for 6 weeks for right shoulder. The rationale was not submitted for review. The request for authorization form was dated 10/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OF PHYSICAL THERAPY 3 TIMES PER WEEK FOR 6 WEEKS FOR RIGHT SHOULDER: Upheld

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

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

Decision rationale: The request for post-op physical therapy 3 times per week for 6 weeks for right shoulder is not medically necessary. The injured worker has a history of severe right shoulder pain. The California MTUS guidelines recommend up to 9-10 visits over 8 weeks for myalgia, neuritis, and radiculitis, unspecified. The cited guideline was not for post-operative therapy. There was lack of documentation as to what type of surgery the injured worker had. The California MTUS has different guidelines for specific surgery types. Due to a lack of documentation, the 18 sessions of physical therapy are not medically supported at this time. Given the above, the request for post-op physical therapy 3 times per week for 6 weeks for right shoulder is not medically necessary.