

Case Number:	CM13-0048054		
Date Assigned:	12/27/2013	Date of Injury:	07/18/2011
Decision Date:	11/26/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 62 year old female with an injury date of 07/18/11. Based on the 10/14/13 progress report, the patient complains of having right shoulder pain. She experiences sharp throbbing pain in her right shoulder. "She notes her pain is worse than prior to her surgery." The patient has a painful right shoulder range of motion. The 09/17/13 report also states that the patient has persistent right shoulder pain. The 08/26/13 report indicates that the patient has a burning pain and a shock sensation that goes from her right shoulder to her right hand. She had an arthroscopy of her right shoulder on 10/30/12 as well as a right shoulder rotator cuff surgery (no surgery date provided). The patient's diagnosis includes the following right joint pain-shoulder; right rotator cuff syndrome; and tendinitis. The treating doctor is requesting for physical therapy for the right shoulder (no amount indicated). The utilization review determination being challenged is dated 10/21/13. Treatment reports were provided from 07/22/13- 10/14/13. 1.Right joint pain-shoulder2.Right rotator cuff syndrome3.Tendinitis [REDACTED] is requesting for physical therapy for the right shoulder (no amount indicated). The utilization review determination being challenged is dated 10/21/13. Treatment reports were provided from 07/22/13- 10/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines

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

Decision rationale: According to the 10/14/13 report, the patient presents with right shoulder pain. The request is for physical therapy for the right shoulder. The patient had 6 sessions of physical therapy in July of 2013 as indicated by the utilization review letter. Review of the documents provided does not show how this physical therapy impacted the patient's function. MTUS Guidelines pages 98 and 99 allow for 9-10 visits over 8 weeks for Myalgia and myositis, 8-10 visits over 4 weeks for Neuralgia, neuritis, and radiculitis, and 24 visits over 16 weeks for reflex sympathetic dystrophy. The patient had surgery over a year before the utilization review date; therefore, post-surgical guidelines were not used. The amount of physical therapy sessions requested was not mentioned. The patient has already had 6 session of therapy with no documentation of functional improvement. Due to lack of documentation and the guidelines, this request is not medically necessary.