MAXIMUS Federal Services

Case Number:	CM13-0049528		
Date Assigned:	12/27/2013	Date of Injury:	12/28/2012
Decision Date:	11/17/2014	UR Denial Date:	10/26/2013
Priority:	Standard	Application Received:	11/08/2013

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 Pain Management 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 36-year-old female with an injury date of 12/28/2012. According to the 05/15/2013 progress report, the patient complains of having right shoulder pain, neck pain, back pain, leg pain, wrist pain, and right hip pain. She rates her pain as a 6/10, and her entire shoulder girdle remains tender, throughout the paraspinal muscles of the neck. The 02/01/2013 MRI of the right shoulder revealed the following: 1. There is a non-displaced SLAP lesion extending into the posterior-superior quadrant of the glenoid labrum. There is a 1.0-cm glenoid labral cyst arising from the labral tear extending into the spinal glenoid notch. There is no evidence of associated entrapment ofthe suprascapular nerve.2. No full-thickness rotator cuff tears identified. 3. There are mild findings that can be associated with a history of a clinical syndrome of impingement including: Mild subacromial bursitis and mild tendinosis involving the footprint of the supraspinatus tendon.The patient is diagnosed with a right shoulder sprain/strain with persistent symptoms. The utilization review determination being challenged is dated 10/23/2013. Treatment reports were provided from 10/28/2012 - 10/21/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy sessions for the right shoulder (3x2): Upheld

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

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

Decision rationale: According to the 05/15/2013 progress report, the patient complains of having right shoulder pain, wrist pain, right hip pain, back pain. The request is for 6 physical therapy sessions for the right shoulder. Review of the available reports shows that the patient has attended at least 9 physical therapy sessions from 01/11/2013 through 03/29/2013. MTUS Guidelines pages 98, 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended over 4 weeks. In this case it has been about 6 months since the last round of therapy and it may be reasonable to provide another short course for flare-up of symptoms, worsening condition, new injury, etc. However, the provider does not provide a specific rationale or goals for additional therapy. The provider does not discuss how the patient responded to prior therapy to determine whether or not another course would be helpful. MTUS also only allows for 10 sessions for the type of condition this patient is struggling with. Recommendation is for denial.