

Case Number:	CM13-0059126		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2007
Decision Date:	04/30/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	11/29/2013

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 Internal Medicine, 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 49-year-old male with date of injury on 01/08/2007; with no mechanism of injury documented. He has bilateral shoulder pain and left wrist pain. He had a left shoulder surgical procedure on August 22, 2013. He is reported to have had physical therapy post-operation but no documentation of how he responded to surgery and/or physical therapy. He is currently using Norco, Robaxin, topical baclofen / tramadol and topical combination of Flurbiprofen / cyclobenzaprine / lidocaine for pain control. The current request is for physical therapy of an unspecified amount or duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (NO FREQUENCY OR DURATION) TO SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 26-27.

Decision rationale: The MTUS guidelines allow physical therapy for both shoulder pain and physical therapy post-operatively from shoulder surgery. The post-operative period is 6 months. Usual post-surgical course allows for physical therapy for an open course for a total of 30 visits

over 18 weeks. More physical therapy can be given for flares of pain that could occur post-surgery if deemed appropriate. The surgery took place August 2013 and we are now past the six month mark for post-surgical therapy. The most recent PR-2 (physician note) provided does not state there is a sudden flare of symptoms or marked worsening of the patients pain or functionality. Furthermore, there is no documentation as to how the patient responded to past physical therapy. As the current request is written coupled with the lack of proper documentation to support guidelines, the physical therapy request is not medically necessary.