

Case Number:	CM14-0001491		
Date Assigned:	01/22/2014	Date of Injury:	09/27/2012
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 40 year old male with a work injury dated 9/27/12. The diagnoses include lumbar sprain/strain; chest wall contusion; right shoulder injury; supraspinatus tendon tear; labrum tear; sip arthroscopy SAD to right shoulder. A 10/22/13 physician office visits reveals that the patient has a feeling of pressure to the leg. He feels at least 70% better since his injection. He had an injection on October 7, 2013. The patient relates that he was off of work since his shoulder surgery and according 10 the patient his shoulder surgeon no longer wants to see him for his shoulder. On physical exam he has slight loss of abduction and flexion of the shoulder with loss of internal and external rotation, which is slight. Range of motion of the lower back is 90% of normal with bilateral paraspinal tenderness. The treatment plan includes the documenting physician requesting information regarding his shoulder, particularly a permanent and stationary report with limitations in terms of his work. The documenting physician states that he will see the patient in 6 weeks hopefully by which time he can release the patient to work in terms of the lower back. He is asking for a short course of physical therapy for both the shoulder and lower back. A 12/3/13 physician progress report states that the patient has pain to the back and cramping to the leg with numbness. He continues to have significant leg pain, but this is much improved as compared to prior to his injection. He has pain with extension to the back, which is his major problem at this point. He does have some right shoulder pain. Physical exam reveals some loss of extension and internal rotation of the right shoulder. Examination of the back shows slight loss of extension of the back; otherwise, his examination at this point seems normal. He is totally temporary disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL (3X3) SESSIONS OF PHYSICAL THERAPY FOR RIGHT SHOULDER AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,209 and 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Shoulder Chapter and Back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: Additional (3x3) sessions of physical therapy for the right shoulder and lumbar spine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and MTUS Post Surgical Guidelines. The patient has completed 28 prior sessions of post operative physical therapy for the shoulder which exceeds guideline recommendations. The documentation does not indicate extenuating circumstances that would require additional supervised therapy. The patient should be independent in a home exercise program. The documentation indicates that the patient has slight loss of extension of the back; otherwise, his examination at this point seems normal on a 12/13/13 physical exam and does not support the medical necessity of physical therapy. The documentation indicates that the patient had prior therapy on the lumbar spine and should be independent in a home exercise program. The request for an additional 3x3 sessions of physical therapy to the right shoulder and lumbar spine are not medically necessary.