

Case Number:	CM14-0006533		
Date Assigned:	03/03/2014	Date of Injury:	05/23/2011
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/17/2014

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 & 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 49-year-old male with date of injury of 05/23/2011. The listed diagnoses per [REDACTED] dated 11/26/2013 are: 1. Industrial injury to the left knee and right shoulder, while employed as a police officer for the [REDACTED] on 05/23/2011. 2. Status post left knee arthroscopy with meniscal repair in 2011 with revision left knee arthroscopy in December 21, 2012 with partial medial meniscectomy. 3. Synvisc-One to the left knee on 03/11/2013. 4. Right shoulder arthroscopy on 05/17/2013. According to the report, the patient is status post right shoulder diagnostic and operative endoscopy on 05/17/2013. He is making good progress with the therapy; however, he notes discontinuing the therapy approximately 2 to 3 weeks ago due to regression in symptoms and stiffness in his shoulder. The physical examination of the shoulder shows no obvious deformity, exanthems or swelling. The range of motion of the right shoulder is diminished. Motor strength of the shoulder is 4-/5 for the right. The utilization review denied the request on 12/31/2013.

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 TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL GUIDELINES/SHOULDER, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalitie.

Decision rationale: This patient presents with chronic right shoulder pain. The patient is status post right shoulder arthroscopy from 05/17/2013 and post-surgical physical therapy guidelines are not applicable. For the number of treatment outside of post-surgical guidelines, MTUS page 98 and 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy report dated 10/04/2013 shows that the patient has received a total of 25 sessions for the right shoulder. The treater documents, "The patient displays excellent shoulder mobility with occasional RTC/deltoid tightness managed with STM and stretching. The patient will continue to benefit from exercises to normalize strength. Recommend examining back symptoms as it is limiting the patient's exercise and activity tolerance." In this case, the patient exhibits excellent shoulder mobility and has completed 25 physical therapy sessions to date. The patient should be able to start a self-directed home exercise program to improve motion and flexibility. Recommendation is for denial.