

Case Number:	CM14-0106070		
Date Assigned:	07/30/2014	Date of Injury:	04/09/2013
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 30-year-old male was reportedly injured on 4/9/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/16/2014, indicated that there were ongoing complaints of neck and right upper extremity pain. The physical examination demonstrated right shoulder positive tenderness to palpation of the anterior, lateral, and posterior shoulder as well as trapezius muscles. Range of motion was with pain. Neer test and Hawkin's test for impingement were positive. No recent diagnostic studies are available for review. Previous treatment included previous right shoulder arthroscopy, #13 physical therapy visits, medication, and conservative treatment. A request had been made for physical therapy of the right shoulder #4 sessions and was not certified in the pre-authorization process on 6/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy RT Shoulder qty 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Shoulder Procedure.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Postsurgical Treatment Guidelines authorize the use of physical therapy after shoulder surgery to include up to 24 visits over 14 weeks. After review of the medical records provided, it is noted the injured worker has had 15 visits of physical therapy with the most recent visits in March 2014; however, his surgical procedure took place over one year ago. In this case, the claimant is no longer in the postsurgical physical medicine treatment period of 6 months. Without documentation of significant improvements in function and decrease in pain with most recent physical therapy visits, this request for an additional 4 visits is deemed not medically necessary.