

Case Number:	CM14-0106464		
Date Assigned:	09/16/2014	Date of Injury:	10/12/2012
Decision Date:	10/23/2014	UR Denial Date:	06/19/2014
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 & Rehabilitation 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 injured worker is a 38 year old male with a reported date of industrial injury on October 12, 2012. The mechanism of injury is described as an altercation at the fair resulting in right shoulder and wrist injury. He underwent right shoulder labral repair and debridement on 3/14/13. Treatment subsequent to the injury included a long-arm cast, followed by short arm cast, then removable splint and post-operative physical therapy. Thirty post-operative physical therapy visits are noted to have been completed with instruction in a HEP. Additional 8 PT visits were authorized on 3/6/14, which were completed. An initial evaluation January 31, 2013 revealed negative 3mm ulnar right wrist via radiograph, diffuse tenderness. On February 19, 2013 non-contrast MRI of right wrist reveals full thickness perforation through membranous portion of scapholunate interval with no fracture, no TFCC tear, no other abnormality. During year 2013 two injections to 1st right dorsal compartment, release of 2nd compartment-Johnson, cortisone injection anterior Right shoulder, and AE Right shoulder/anterior inferior labral repair/debridement. On June 9, 2014 the Primary Treating Physician's Progress Report notes a recommendation for a course of physical therapy (PT) as intervention to complaints of right shoulder pain. The injured worker was still working modified light duty at the time of this visit. On assessment, right shoulder pain, rule out internal impingement is noted. On June 19, 2014, requests for Physical Therapy 3 X 4 QTY: 12 for the Right Shoulder resulted in denial per utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 X 4 QTY: 12 for the Right Shoulder: 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): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

Decision rationale: ODG guidelines for shoulder impingement syndrome allow 10 PT visits over 8 weeks and shoulder post-surgical treatment (Labral repair/SLAP lesion), allow 24 PT visits over 14 weeks. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request is not medically necessary.