

Case Number:	CM14-0110535		
Date Assigned:	08/01/2014	Date of Injury:	08/18/2010
Decision Date:	10/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 56-year-old male who reported an injury on 08/18/2010 due to an unspecified mechanism of injury. On 05/19/2014, he reported chronic left shoulder pain. He was noted to be status post left shoulder surgery performed on 03/17/2014. He stated that he had his good days and bad days regarding his shoulder. Objective findings included that the patient was moderately obese, he was alert and oriented x3, and did not exhibit any acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation. He was diagnosed with pain in the joint shoulder/status post left shoulder arthroscopy in 05/2011. His medications were noted as Voltaren 1% gel, methadone HCL, Flexeril, docusate sodium, glyburide, and metformin HCL. Surgical history included a left shoulder arthroscopy performed on 05/2011 and an unspecified left shoulder surgery performed on 03/17/2014. Past treatments included surgery, medications, and postoperative physical therapy. Information regarding diagnostic studies was not provided for review. The treatment plan was for physical therapy 1 time a week for 6 weeks to the left shoulder. A request for authorization or rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 times a week for 6 weeks to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The request for physical therapy 1 time a week for 6 weeks to the left shoulder is not medically necessary. The clinical documentation shows that the injured worker was status post left shoulder surgery performed on 03/17/2014. However, the surgical procedure that was performed was not specified. The California Postsurgical Treatment Guidelines state that postsurgical treatment for an arthroscopic surgery is 24 visits over 14 weeks with a postsurgical physical medicine treatment period of up to 6 months. Based on the clinical information submitted for review, the injured worker had undergone left shoulder surgery performed on 03/17/2014 and had finished postoperative physical therapy. There was a lack of documentation showing a recent physical examination to show evidence of significant functional deficits that would indicate the need for physical therapy treatment. In addition, there was no documentation showing how many sessions of postoperative physical therapy he had attended or evidence showing efficacy of treatment to support additional sessions. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request for Physical Therapy is not medically necessary.