

Case Number:	CM14-0128240		
Date Assigned:	09/05/2014	Date of Injury:	04/26/2012
Decision Date:	10/20/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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 Pain Medicine 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 36 year old female who sustained an industrial injury on 4/26/2012, to the right shoulder. The patient experienced sharp pain in the right shoulder while pushing/pulling 300-lb freight with a co-worker. The only medical report provided is the 6/9/2014 orthopedic AME report. According to the report, the patient underwent right shoulder arthroscopy on 2/1/2013 followed by post-operative PT. However, symptoms increased. She received a cortisone injection on 11/9/2013 with temporary relief, and completed a course of PT 2x6 weeks, which provided no benefit. On 6/2/2014, she underwent right shoulder arthroscopy, possibly capsular release. The patient says its too soon to tell if there has been any benefit from this surgery. She is scheduled to undergo physical therapy in the near future. She complains of moderate to severe shoulder pain. She is wearing a sling and orthotic support to immobilize the shoulder. Physical examination was deferred.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 6Wks for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 28.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The medical records do not include a recent medical report documenting current complaints, objective findings, and response to any rendered postoperative care. It is not clarified whether the patient has recently undergone any post-operative right shoulder to date and if so, the number attended, and her response to rendered care. Such information is vital to evaluate whether further PT is indicated. Furthermore, if not yet initiated, the guidelines recommend that of the total number of post-surgical PT sessions provided to evaluate the patient's response to therapy, which would be 12 sessions in this case, and additional therapy is contingent on documentation of the patient's response to the care provided. Consequently, there is lacking evidence to establish the request for therapy is medically necessary. The request is not medically necessary.