

Case Number:	CM14-0133998		
Date Assigned:	09/22/2014	Date of Injury:	02/27/1977
Decision Date:	10/28/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 58 year old male with an injury date on 02/24/77. Based on the 08/04/14 progress report provided by [REDACTED], the patient complains of aching of the right shoulder. Per progress report provided by [REDACTED], PT, the pain is rated 3-6/10. Physical examination to the right shoulder reveals minimum moderate tenderness. Appley's Scratch Test shows cross body reach to anterior opposite shoulder. Patient is temporarily totally disabled. Progress report dated 08/04/14 states that patient's shoulder aches and he is attending physical therapy. Diagnosis 08/04/14:- Osteoarthritis localized primary involving shoulder region- Shoulder joint replacement. Diagnosis 05/23/14 per operative report by [REDACTED] - right shoulder glenohumeral arthritis- status post total shoulder replacement, right upper extremity. [REDACTED] is requesting for 12 additional session of physical therapy. The utilization review determination being challenged is dated 08/14/14. The rationale is: "patient has completed 18 sessions of physical therapy and the general course of care is 24 sessions, only 6 more visits remain." [REDACTED] is the requesting provider, and he provided treatment reports from 08/04/14 to 09/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ADDITIONAL SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder (Post-surgical) Page(s): 26-27.

Decision rationale: The patient presents with aching of the right shoulder. The request is for 12 additional sessions of physical therapy. Per operative report dated 05/23/14, the patient is status post total shoulder replacement, right upper extremity; for a diagnosis of right shoulder glenohumeral arthritis. MTUS p26,27 states: "Shoulder (Post-surgical): Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks *Postsurgical physical medicine treatment period: 6 months." Progress report dated 08/04/14 states that patient's shoulder aches and he is attending physical therapy; treatment has not documented functional improvement. Patient is within post-operative time period, however, in review of reports, the total number of physical therapy sessions has not been documented, either. Per utilization review letter dated 08/14/14, patient already had 18 sessions. The request for additional 12 sessions would exceed what is allowed by MTUS guidelines for this type of treatment. Recommendation is for denial.