

Case Number:	CM14-0139523		
Date Assigned:	09/08/2014	Date of Injury:	05/01/2012
Decision Date:	12/11/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Occupational 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:

There were 103 pages provided for this review. The application for independent medical review was for physical therapy for 18 sessions for the right shoulder. The application was dated September 2, 2014. There was a utilization review from August 20, 2014. An agreed medical reevaluation report from November 6, 2013 indicates the claimant had right shoulder pain. The claimant was permanent and stationary. A progress report from July 21, 2014 noted that the patient was status post a right shoulder surgery on March 11, 2014 and was doing well. The patient had already been going to physical therapy and reported being hurt by the therapist. The incisions were healed but the patient has continued pain. The patient was certified for a right shoulder arthroscopy, rotator cuff repair, distal clavicle excision and postoperative therapy for 12 sessions on January 28, 2014. The claimant's responses from the previously authorized 12 sessions of therapy were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x18 of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.2 and 9792.26 MTUS (Effective July 18, 2009) and 9792.24.1. Page(s): 98 of 1.

Decision rationale: Typically, about 24 sessions are reasonable under ODG and MTUS post shoulder surgery. But the MTUS sets an even higher bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment out of the 12 sessions already authorized. Therefore, MTUS criteria are not met to continue the services. The request is not medically necessary.