

Case Number:	CM14-0156170		
Date Assigned:	09/25/2014	Date of Injury:	04/30/2012
Decision Date:	11/14/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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 37-year-old male with date of injury of 04/30/2012. The listed diagnoses per [REDACTED] from 08/28/2014 are: 1. Status post right ASAD/EDC from 09/19/2013. 2. Trapezial and paracervical strain. 3. Closed head injury. According to this report, the patient complains of right shoulder pain that has improved after corticosteroid injection from his last office visit. The examination showed forward flexion of 155, external rotation of 55 degrees, and internal rotation to L3 at the right shoulder with pain. There is slight weakness on the right shoulder due to pain. The utilization review denied the request on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 6 weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Shoulder (updated 08/27/2014), Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 99.

Decision rationale: This patient presents with right shoulder pain. The patient is status post right ASAD/EDC from 09/19/2013 and post-surgical guidelines would not apply. The MTUS Guidelines outside of post-surgery, pages 98 and 99, on physical medicine, recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The 05/22/2014 report notes that the patient continues to complain of pain and stiffness in the right shoulder. There is mild tenderness over the right AC joint and slight tenderness over the trapezial and paracervical areas. The treater is requesting physical therapy to work on range of motion modalities and strengthening. The 07/17/2014 report notes that the patient continues to complain of pain and stiffness in the right shoulder. He continues to make slow progress after his right shoulder surgery, and the treater believes that he would benefit from physical therapy twice weekly for the next 6 weeks to work on stretching modalities and rotator cuff strengthening. It would appear that the patient received some postoperative physical therapy following his September 2013 surgery; however, the number of treatments including results was not documented in any of the reports from 04/03/2014 to 08/28/2014. MTUS page 8 on chronic pain requires a satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. Functional improvement is defined in Labor Code 9792.20(e) as significant improvements in ADLs, change in work status, and reduced dependence on medication treatment. In this case, it appears that the patient has received post-operative physical therapy treatments and no documentation of functional improvement was noted. The request is not medically necessary.