

Case Number:	CM14-0163131		
Date Assigned:	10/08/2014	Date of Injury:	09/01/2008
Decision Date:	10/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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 & Rehabilitation and Pain Management, 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 51 year old female with an injury date of 09/01/08. Based on the 09/11/14 progress report provided by [REDACTED], the patient complains of left shoulder pain, neck pain, headaches on the left side; lower back pain, and left wrist pain. She has a loss in range of motion as well as crepitus in her left shoulder. No other positive exam findings were provided. The patient is diagnosed with s/p left shoulder labral repair (no date provided). [REDACTED] is requesting for physical therapy 8 visits for the left shoulder. The utilization review determination being challenged is dated 09/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 04/29/14- 09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy visits for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines shoulder post-surgical physical therapy Page(s): 26 27.

Decision rationale: The patient presents with left shoulder pain, neck pain, headaches on the left side, lower back pain, and left wrist pain. The request is for physical therapy 8 visits for the left shoulder. The utilization review letter states "the claimant has completed 24 visits of physical therapy and the documentation does not support that the claimant has experienced objective and functional improvement with the prior treatment to support additional physical therapy." MTUS guidelines pages 26-27 regarding shoulder post-surgical physical therapy indicates that the patient may have up to 24 visits of physical therapy over 14 weeks for RC repair/acromioplasty. In this case, the patient has already had 24 sessions of physical therapy with no discussion of improvement. Due to lack of documentation, and the fact that the patient already completed the number of treatment sessions allowed by MTUS for this type of surgery, the request of eight (8) Physical Therapy visits for the left shoulder is not medically necessary and appropriate.