

Case Number:	CM14-0166150		
Date Assigned:	10/13/2014	Date of Injury:	12/01/2010
Decision Date:	11/26/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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, 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 a date of injury of 12/01/2010. The listed diagnoses per [REDACTED] are status post right shoulder surgery, right lateral epicondylitis, right wrist de Quervain's syndrome, probable right wrist ganglion cyst, nonindustrial and complaint of left shoulder pain. According to progress report 08/04/2014, the patient is status post right arthroscopic surgery for the impingement syndrome and SLAP tear debridement on 11/14/2013. The patient reports less pain in her shoulder. She has completed additional 6 sessions of physical therapy for a total of 14 sessions since February. Examination of the right shoulder revealed abduction and flexion approximately 150 degrees with pain. The physician is requesting additional 6 sessions of physical therapy once a week for the next 6 weeks as "she has had some improvement with physical therapy with less pain and improved function." Utilization review denied the request on 09/08/2014. Treatment reports from 04/28/2014 through 08/04/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 x week x 6 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: This patient presents with continued right shoulder complaints. The patient is status post shoulder surgery from 11/14/13. This patient is not in the postsurgical timeframe for physical medicine. MTUS page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient underwent 8 physical therapy sessions between 02/10/2014 to 02/27/2014. Due to continued pain, the patient was authorized additional 6 sessions in which the patient participated in between 07/10/2014 and 07/22/2014. Physical therapy treatment report from 07/22/2014 states the patient is "improving a little better. Shoulder is improving slowly but still feels strong pinch in right shoulder when raising arm overhead. AROM is better." Physical therapist recommended additional 1 visit per week for the next 6 weeks to continue to achieve goals previously outlined. In this case, the patient has received 14 sessions. The current request for additional 6 sessions exceeds the MTUS recommendation of 9 to 10 visits. There is no report of new injury, new surgery, or new diagnosis that can substantiate the current request for additional sessions. Progress reports by [REDACTED] indicate the patient is already participating in a home exercise program. It is unclear why the physical therapist continually requests formal physical therapy sessions. Recommendation is for denial.