

Case Number:	CM14-0166943		
Date Assigned:	10/14/2014	Date of Injury:	08/29/2010
Decision Date:	11/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopedic Surgery 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 claimant is a 31-year old female office assistant who sustained a vocational injury as a result of repetitive trauma on 06/29/10. The claimant underwent right shoulder arthroscopic subacromial decompression, resection of the intra-articular portion of the longhead of the biceps tendon, coracoplasty and Mumford procedure on 01/30/14. On 06/19/14, the claimant underwent an evaluation for a functional restoration program that determined she was an optimal candidate for the multi-disciplinary functional restoration program. The claimant was seen by a pain management specialist on 10/19/14 at which time she was given a diagnosis of pain in the shoulder, brachial neuritis or radiculitis, reflex sympathetic dystrophy of the upper limb and carpal tunnel syndrome. Documentation suggests the claimant has had a recent course of eight (8) physical therapy visits; however, there is no documentation to determine the total amount of physical therapy provided to the claimant since surgery on 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Postsurgical Treatment Guidelines Page(s): 26-27.

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

Decision rationale: The claimant is more than nine (9) months from the time of surgical intervention for the right shoulder. The California Post Surgical Treatment Guidelines support up to 24 visits of physical therapy over 14 weeks for up to six (6) months following the aforementioned surgical intervention. Given the fact that the claimant is greater than six (6) months from the time of surgery, the California Post Surgical Treatment Guidelines would not support the request for additional physical therapy as medically necessary. In addition, there is a lack of documentation identifying the total amount of physical therapy the claimant has had to date since surgery, which would be imperative to know prior to considering the medical necessity of further physical therapy. There is also a lack of documentation of recent functional improvement, decrease in medications, and increase in overall functional, vocational and real life activity as a result of the therapy provided to establish the medical necessity of additional therapy. The medical records do not document that the claimant is experiencing a flare of symptoms to require a short course of therapy. There is a lack of documentation that there are barriers in place that would prevent the claimant from transitioning to a home exercise program at this time. Therefore, based on the documentation presented for review and in accordance with California MTUS Post Surgical Treatment Guidelines and the Chronic Pain Guidelines, the request for additional therapy at this time cannot be considered medically necessary.