

Case Number:	CM14-0169791		
Date Assigned:	10/20/2014	Date of Injury:	04/09/2013
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family Practice 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:

34 year old female claimant sustained a work injury on 6//13 involving the right shoulder. She was diagnosed with right shoulder impingement and an anterior superior labral tear. She underwent arthroscopic surgery with repair of the tear on 6/25/14. A progress note on 8/20/14 indicated the claimant had 5/10 pain after completing 10/12 sessions of post-operative therapy. Exam findings were notable for improved range of motion of the right shoulder compared to the prior month with pain in the biceps tendon. The physician requested an additional 8 sessions of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right shoulder, 2 times a week for 4 weeks, 8 additional sessions:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) 24 visits over 16 weeksAccording to the ODG guidelines, post-operative therapy is recommended up to 24 visits post-operatively. In this case, the claimant had improvement with therapy. The MTUS guidelines, do not factor in post-operative need for visits as does the ODG. The additional therapy request is medically necessary.