

Case Number:	CM14-0021334		
Date Assigned:	05/07/2014	Date of Injury:	05/13/2012
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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 50 year old female with an injury date of 05/03/12. Based on the 02/03/14 progress report provided by [REDACTED], the patient complains of right shoulder pain and lower back pain which increases with prolonged sitting and standing. The patient is diagnosed with sciatica and had a right shoulder replacement on 06/11/13. As of 12/20/13, the patient had a total of 24 physical therapy sessions. [REDACTED] is requesting for physical therapy 3 times a week for 4 weeks for the right shoulder and low back. The utilization review determination being challenged is dated 02/07/14. [REDACTED] is the requesting provider and he provided treatment reports from 08/07/13- 02/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EDUCATION, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 474.

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

Decision rationale: According to the 02/03/14 report by [REDACTED], the patient presents with right shoulder pain and lower back pain which increases with prolonged sitting and standing. The patient is status post shoulder replacement 6/11/13 and the request is for physical therapy 3 times a week for 4 weeks for the right shoulder and low back per 2/3/14 report. MTUS page 8 states "Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." The 12/20/13 physical therapy note states that the patient has had a total of 24 sessions of physical therapy post-surgery and her pain decreased to a 7/10. The current request for additional therapy is outside of post-operative time-frame where 24 sessions of therapy is recommended following arthroplasty of shoulder. No rationale is provided for therapy at this point. The patient's progress from prior therapy is not provided and what is to be accomplished with additional therapy. For myalgia/myositis, MTUS recommends 9-10 sessions and the current request exceeds what is allowed per MTUS. Therefore, the request for physical therapy 3 times a week for 4 weeks for the right shoulder and low back is not medically necessary.