

Case Number:	CM14-0027529		
Date Assigned:	06/13/2014	Date of Injury:	06/26/2010
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 40-year-old female whose date of injury is 06/26/2010. She reportedly fell and landed on her left knee with her right leg behind her. She complained of pain in the right foot and ankle as well as the left knee. The injured worker was seen on 10/31/13 for comprehensive orthopedic consultation. She stated that she developed right shoulder and upper/mid/lower back pain shortly after the use of crutches. She is status post right shoulder surgery on 05/23/12, followed by 12 physical therapy treatments. The injured worker presented with complaints of continuous pain in the right shoulder with pain radiating to the hands and fingers. Physical examination of the right shoulder revealed well-healed surgical scars consistent with previous arthroscopy. The injured worker can abduct and forward flex to 125 degree versus 145 degrees on the contralateral side. There is no weakness. Impingement sign is positive on the right. Apprehension test is negative. A subacromial injection was performed. Imaging studies of the right shoulder were obtained on 11/13/13 including MRI (magnetic resonance imaging), x-rays, as well as MRI arthrogram, and were unremarkable. The records indicate that the injured worker was seen on 01/14/14 and complained of not doing well. She has become progressively depressed and anxious over her chronic pain and disability. It was reported that she has yet to be authorized to undergo physical therapy of the right shoulder. The current medications were listed as Zanaflex and Lidoderm patches. She was unable to tolerate Tylenol with codeine due to gastric upset. On examination of the right shoulder, range of motion was full. There was slight reproducible pain with testing of the supraspinatus tendon against resistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The CA Postsurgical Treatment Guidelines supports up to 24 visits over 14 weeks following arthroscopic surgery. In this case, the records reflect that the injured worker underwent arthroscopic surgery to the right shoulder over 2 years ago on 05/23/12. According to comprehensive orthopedic consultation she completed 12 postoperative physical therapy visits with good benefit. The records from 09/25/12 also reflect that the injured worker had completed 19 physical therapy sessions for the right shoulder. It appears that the injured worker has had sufficient formal supervised physical therapy and the injured worker should be capable of independently pursuing a self-directed home exercise program. Based on the clinical information provided, the request for physical therapy, three (3) times per week for four (4) weeks for right shoulder is not recommended as medically necessary.