

Case Number:	CM14-0030280		
Date Assigned:	06/20/2014	Date of Injury:	11/23/2011
Decision Date:	07/23/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 injured worker had an original date of injury of November 23, 2011. The mechanism of injury occurred in the context of wearing a bulletproof vest. The painful body regions include the right upper trapezius and neck. The patient has received conservative therapies to date including trigger point injections and 30 sessions of physical therapy. The patient underwent right shoulder labral repair on November 4, 2013. The carrier has noted that 18 sessions of postoperative physical therapy were completed following the surgery. The current disputed request is for an additional 12 sessions of physical therapy for the right shoulder. The patient has a permanent and stationary report completed on May 29, 2014 and is unable to return to customary duties. A progress note on May 14, 2014 documented scapular winging along the medial border. The overall assessment was painful scapular dyskinesia, and the request was for optimization of conservative therapies prior to other interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12, Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy.

Decision rationale: The Official Disability Guidelines Physical Therapy Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. A progress note on May 14, 2014 documented scapular winging along the medial border. The overall assessment was painful scapular dyskinesia, and the request was for optimization of conservative therapies prior to other interventions. The guidelines cited above do not have specific provisions for this injured worker is medically complicated case. In this worker, there has already been failed labral surgery with completion of a full postoperative physical therapy course. Now there is documentation by the requesting provider of scapular dyskinesia. Rather than another full course of shoulder rehabilitation, the guidelines recommend short trial of physical therapy, and with documentation of functional benefit additional sessions may be warranted. Since the independent medical review process cannot modify requests, the request for a full 12 sessions of physical therapy is not medically necessary.