

Case Number:	CM14-0037528		
Date Assigned:	06/25/2014	Date of Injury:	06/30/2008
Decision Date:	08/13/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 and is licensed to practice in Nevada. 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 55-year-old female who was reportedly injured on June 30, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 21 2014, indicated that there were ongoing complaints of left shoulder pain and a slightly decreased shoulder range of motion. The physical examination demonstrated a slight decrease in range of motion. Diagnostic imaging studies were not reviewed. Previous treatment included left shoulder arthroscopic surgery, subacromial decompression and distal clavicle resection. A knee arthroscopy was completed in 2009 and again in 2010. Postoperative rehabilitation protocols had been employed. A request had been made for additional physical therapy and a cortisone injection into the left shoulder and was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Shoulder x 8 sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the date of surgery, the amount of treatment already rendered and the lack of specifics as to how much physical therapy was completed, there was insufficient information presented to support this request. As outlined in the California Medical Treatment Utilization Schedule, as many as 24 visits of postoperative physical therapy are supported; however, this is to be completed within 6 months from the date of surgery. Therefore, when noting the clinical rationale presented for review, the request for additional physical therapy is not medically necessary.

Left Shoulder Ultrasound Guided Cortisone Injection.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 271-273.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder chapter updated June 2014.

Decision rationale: When noting the date of injury, the date of surgery, the surgery completed, the progress notes indicate that only occasional non-steroidal's are necessary on an as needed basis for pain control. There was no clinical indication presented to support the medical necessity of an intra-articular steroid injection.