

Case Number:	CM14-0037816		
Date Assigned:	06/25/2014	Date of Injury:	10/03/2012
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/31/2014

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 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:

This is a 41-year-old male who sustained a remote industrial injury on 10/03/12 diagnosed with right shoulder impingement and thoracic outlet syndrome. Mechanism of injury is not provided. The most recent progress note provided is 02/11/14. This progress report is handwritten and barely legible. It appears the patient complains primarily of right shoulder pain. Physical exam findings of the right shoulder appear to reveal a restricted range of motion and muscle strength of +4/5. Current medications are not listed but an earlier progress report lists Soma as the patient's medication. The treating physician recommends that the patient continue a home exercise program, physical therapy, and medications. Provided documents include a right shoulder operative report dated 09/19/13, a Utilization Review, and several handwritten progress reports. The patient's previous treatments include right shoulder surgery, approximately 36 sessions of physical therapy, acupuncture, chiropractic, and medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Postoperative Physical Therapy Visits for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: According to CA MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Provided documentation notes that the patient has participated in approximately 36 sessions of physical therapy. Although the patient had right shoulder surgery on 09/19/13, the number of physical therapy sessions completed post-operatively, if any, is not specified. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in an independent home exercise program, which the provider highlights as part of the patient's treatment plan in the most recent progress report. Thus, the request for twelve post-operative physical therapy visits for right shoulder is not medically necessary.