

Case Number:	CM14-0038375		
Date Assigned:	06/25/2014	Date of Injury:	03/02/2013
Decision Date:	12/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 46 years old male with an injury date on 03/02/2013. Based on the 02/11/2014 supplement report provided by the treating physician, the patient is a "class 4 arduous work activity, he will need to be able to go full duty with full functional use and able to do repetitive activities and excessive use of force;" therefore requesting additional physical therapy. Patient's diagnoses were not included in the report. The 01/20/2014 physical therapy report indicates "range of motion and strength are increasing. Stiff at end ranges, but improves with stretching." Pain at the right shoulder is ranging from a 3-10 to a 4/10. There were no other significant findings noted on this report. The utilization review denied the request on 03/12/2014. The requesting provider provided a supplement report dated 02/11/2014 and 01/20/2014 physical therapy report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder physical therapy 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines Page(s): 8, Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: According to the 02/11/2014 report, this patient presents with pain at the right shoulder. The patient is status post shoulder arthroscopic and is within post-surgical timeframe for therapy treatments; per utilization review. The provider is requesting right shoulder physical therapy 2 times per week for 4 weeks. The utilization review denial letter states "The claimant is more than 5 months post-surgery and it was noted that the claimant already had physical therapy." Regarding post-op shoulder arthroscopic treatments, MTUS guidelines recommend 24 visits over 14 weeks. Review of records show patient is "S/P ortho repair" with a Mumford procedure of the right shoulder; date of procedure is unknown. The 1/20/2014 physical therapy report indicated the patient's response "good" to treatment. Pain is a 4/10; however, numbers of treatments completed to date is unknown. Utilization review alludes the patient is "more than 5 months post-surgery" and has had therapy; timeframe and of these treatments are not clear. In this case, it is unclear as of how many sessions the patient has had since surgery; therefore, the requested 8 additional sessions is not supported. MTUS page 8 requires that the provider provide monitoring of the patient's progress and make appropriate recommendations. As such, right shoulder physical therapy 2x4 is not medically necessary and appropriate.