

Case Number:	CM14-0040094		
Date Assigned:	06/27/2014	Date of Injury:	10/02/2012
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 37 year-old female with a 10/2/2012 date of injury. According to the 2/27/14 report from [REDACTED], the patient presents with 8/10 right shoulder pain which is increased over the past 4-weeks. She was P&S 3-months prior, takes no medications, and works 3-days per week. She was diagnosed with a right shoulder sprain, DJD, impingement, s/p surgical repair of right shoulder (5/1/13). The last PT report prior to the 2/27/14 request is dated 10/3/13. The request was for formal PT 2x3. The request was denied by UR on 3/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two sessions per week for three weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy guidelines.

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

Decision rationale: The patient is a 37 year-old female with a 10/2/2012 date of injury. The patient presents with right shoulder pain that has been increasing over the past 4-weeks. She had right shoulder decompression on 5/1/13 and last had physical therapy (PT), 4 sessions in October

2013. She has been declared P&S and has returned to work on a part time basis, 3 days per week. The request presented for this IMR, is for additional PT 2x3. The postsurgical physical medicine treatment timeframe is 6 months. The last 4 sessions of PT in Oct. 2013 were in the postsurgical treatment timeframe. The patient has subsequently been declared P&S and has been working. The shoulder symptoms were reported to be increasing since January 2014, and on 2/27/14 the physician requested PT 2x3. This is outside the postsurgical physical medicine treatment timeframe, so the MTUS Chronic pain guidelines apply. MTUS recommends up to 8-10 sessions of PT for various myalgias or neuralgias. At the time of the request, the patient had not had PT outside the postsurgical treatment timeframe. There is documentation of a flare-up or increasing pain. Therefore, the request for PT 2x3 is medically necessary and appropriate.