

Case Number:	CM14-0040442		
Date Assigned:	06/27/2014	Date of Injury:	08/05/2012
Decision Date:	07/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 47-year-old female with a date of injury of 08/05/2012. The listed diagnoses per [REDACTED] are: 1. Right shoulder impingement syndrome, cuff tear, internal derangement. 2. Right elbow sprain/strain rule out cubital tunnel syndrome. 3. Lumbar spine sprain/strain. 4. Symptoms of anxiety and depression. 5. Status post open reduction internal fixation right radius ulna in 1986 with restrained hardware, plates, and screws. 6. Status post right shoulder arthroscopic surgery on 11/16/2013. According to progress report 01/20/2014 by [REDACTED], the patient presents with right shoulder pain which radiates to the shoulder blade region. Report 12/23/2013 indicates the patient is status post right shoulder arthroscopic surgery and continues to complain of pain in the right shoulder blade and right side of the thoracic spine. On 11/25/2013, the patient's reported pain level is not severe, but the pain travels to her back. All 3 progress reports provide no physical examination of the shoulder. The treating physician is requesting additional physical therapy 2 times a week for 4 weeks to address residual issues of the right shoulder. Utilization review denied the request on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy two (2) times a week for four (4) weeks Right Shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine MTUS post-surgical guidelines p 26, 27 Page(s): 98,99,Postsurgical Treatment Guidelines Page(s): 26 & 27.

Decision rationale: This patient is status post right shoulder arthroscopy on 11/16/2013. Progress reports indicate the patient continues with pain that radiates into the shoulder blade region. There is only 1 physical therapy progress report provided for review from 02/10/2014. This report indicates there is a decreased but yet constant pain to the right shoulder since surgery. Patient continues to present with limited and painful right shoulder AROM and decreased right UE muscle strength. Physical therapist recommended the patient continue with physical therapy. Utilization review indicates the patient has had 24 post-op PT. MTUS post-surgical guidelines p 26, 27 recommends 24 visits over 14 weeks for arthroscopic surgery. In this case, the patient has participated in 24 post op sessions without significant improvement. There is no discussion from the treating physician regarding treatment history or progress. The requested additional 8 sessions exceeds what is recommended by MTUS and recommendation is for denial. The request is not medically necessary and appropriate.