

Case Number:	CM14-0050137		
Date Assigned:	09/05/2014	Date of Injury:	05/23/2009
Decision Date:	11/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/17/2014

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 male with an injury date of 05/23/09. Per the 12/02/13 report by [REDACTED], the patient presents with right shoulder pain rated 7/10. Left shoulder pain is 0 and the treater states the patient is post left shoulder surgery times 2. The 02/24/14 report states the patient presents with left shoulder pain rated 5 and right shoulder pain rated 9. Reports do not state if the patient is working. Examination on 12/02/13 reveals the patient has full range of motion of both shoulder weakness with left abduction and external rotation. He has equivocal Hawkins' and Neer's tests on the right shoulder. The patient's diagnoses include: Status post left shoulder rotator cuff repair times 2, doing well. Right shoulder impingement versus overuse syndrome. The utilization review being challenged is dated 03/14/14. The rationale is that recently 8 sessions were completed, 8 additional exceed what is allowed and a Home Exercise Program should now be adequate. Reports were provided from 10/17/13 to 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Sessions for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter

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

Decision rationale: The patient presents with left shoulder pain rated 5. The treater requests for physical therapy 8 sessions for the left shoulder. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The patient is post left shoulder surgery times 2 (date unknown) per the 12/02/13 report. A physical therapy report dated 04/13/12 also notes two prior surgeries for the left shoulder. Presumably surgery was prior to 04/03/12; therefore, the patient is not within the post-surgical treatment period. Physical therapy reports show the patient completed 8 visits for the left shoulder on 10/17/13. The treatment report of 12/02/13 states left shoulder pain is 0 and the 02/24/14 report states pain is 5. Presumably, this is the reason for the requested treatment; however, the treater does not state this and the reports provided contain no discussion regarding why the patient needs physical therapy at this time. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. The request is not medically necessary.