

Case Number:	CM14-0056941		
Date Assigned:	07/09/2014	Date of Injury:	03/23/2003
Decision Date:	08/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 60-year-old female with an injury date on 03/23/2003. Based on the 03/19/2014 progress report provided by [REDACTED], the diagnoses are 1. Neck pain without radiculopathy; 2. Status post bilateral total shoulder replacement. According to this report, the patient complains of left shoulder pain. The patient's pain level is at a 9/10 with sharp, dull, stabbing, throbbing and aching pain that are unchanged. Lifting and reaching would aggravate the condition. The patient had tenderness and spasm of the supportive neck musculature. Shoulder range of motion slightly decrease. There were no other significant findings noted on this report. [REDACTED] is requesting physical therapy 18 visits for the left shoulder. The utilization review denied the request on 04/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/30/2013 to 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 18 visits for the Left Shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to the 03/19/2014 report by [REDACTED] this patient presents with pain in the left shoulder. The patient is status post total shoulder arthroplasty on 03/26/2013. The

patient states that she was doing well until 4-5 months ago from an "aggressive physical therapy." The treater is requesting physical therapy 18 visits for the left shoulder. The UR denial letter states "submitted physical therapy report does not outline specific and significant objective and functional progress to warrant continued treatment." Review of available reports show that the patient completed 10 sessions of physical therapy on 10/08/2013 and 12/05/2013. There no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. Given that the patient already has had adequate therapy without much improvement and the patient continues to experience pain 9/10, the request for additional 18 sessions exceeds what is recommended by MTUS. Recommendation is for denial.