

Case Number:	CM14-0062126		
Date Assigned:	07/11/2014	Date of Injury:	10/11/2011
Decision Date:	08/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 61-year-old female with a date of injury of 10/11/2011. The listed diagnosis per [REDACTED] is shoulder pain. According to progress report 04/16/2014 by [REDACTED], the patient presents with left shoulder pain. Examination revealed full range of motion mainly above 80 degrees at the shoulder and extension posteriorly. The treater is recommending 4 to 6 weeks of physical therapy for core stability and left shoulder girdle preoperatively before shoulder surgery by [REDACTED]. Utilization Review denied the request on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits for 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 Medicine.

Decision rationale: The patient presents with chronic left shoulder pain. The treating physician is requesting preoperative physical therapy 12 sessions for core stability and left shoulder girdle before her shoulder procedure with [REDACTED]. For physical medicine, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 98 and 99 recommends for myalgia/myositis-type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file does not provide prior physical therapy reports. Agreed medical evaluator report from 04/02/2013 indicates the patient has had prior physical therapy. The number of sessions received to date is unclear. In this case, the requested 12 sessions exceeds what is recommended by MTUS. The requested treatment is not medically necessary and appropriate.