

Case Number:	CM14-0073213		
Date Assigned:	07/16/2014	Date of Injury:	11/30/2000
Decision Date:	08/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 67-year-old male with date of injury of 11/30/2000. According to this computer-generated PR2, the patient complains of neck, upper back, low back, right shoulder, left shoulder, right hand/wrist, left hand/wrist, right hip, left hip, right knee and left knee pain. The patient notes that left shoulder surgery helped him with the pain and he is currently doing therapy. He ambulates with a single-point cane. The exam show the left lateral shoulder is intact, left index tip is intact, left small tip is diminished. No other findings were documented in this report. The utilization review denied the request on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder surgery from 01/06/2014. The treater is requesting 12 physical therapy visits for the left shoulder. The MTUS Post-surgical Guidelines page 26 and 27 on arthropathy recommends

24 visits over 10 weeks for arthroplasty. The physical therapy initial evaluation dated 04/10/2014 notes that the patient is to begin post-operative physical therapy for his recent left shoulder arthroplasty. The initial referral was from 02/28/2014. In this report, the patient is having severe pain and lack of functional mobility in the left shoulder. He reports sub-incisional tightness and tenderness and ulnar nerve involvement with pain and paresthesia into the ulnar border of the left hand. In this case, the patient has not received postoperative physical therapy, and the 12 sessions requested is within postoperative guidelines. The request is medically necessary.