

Case Number:	CM14-0080524		
Date Assigned:	07/18/2014	Date of Injury:	09/30/2012
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 55 year old female who was injured on 09/30/12 while lifting a box overhead. The injured worker is status post right shoulder rotator cuff repair performed on 02/25/13. The injured worker is diagnosed with right shoulder strain, cervical strain/sprain, and right sternoclavicular joint strain. The injured worker complains of neck and shoulder pain. Treatment has included 32 sessions of postoperative physical therapy and injections into the anterior right shoulder with some relief. This is a request for an additional 12 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder post-op additional P.T. 3x/week QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99 OF 127, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: MTUS postsurgical treatment guidelines state that pain persisting outside of the anticipated recovery time for a surgical procedure should be addressed by Chronic Pain Medical Treatment Guidelines. The timeframe considered "postsurgical" by MTUS is 6 months.

Chronic Pain Medical Treatment Guidelines allow for up to 10 visits over 8 weeks for myalgia and myositis, unspecified. This request exceeds guideline recommendations. There are no exceptional factors included for review which would warrant approval of treatment outside of guideline recommendations. The injured worker has participated in approximately 32 sessions of physical therapy to date and should be well versed in home exercise program. Records include no indications that the injured worker would be unable to participate in a home exercise program. Based on the clinical information provided, medical necessity of postoperative physical therapy for the right shoulder at a rate of three times per week to total 12 visits is not established.