

Case Number:	CM13-0033655		
Date Assigned:	11/21/2013	Date of Injury:	01/14/2011
Decision Date:	03/17/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old female with an injury date of 01/14/11. Based on the 08/01/13 progress report provided by treating physician, the patient complains of right shoulder pain. The patient is status-post right shoulder subacromial decompression 09/26/12. Patient had a shoulder injection on 06/20/13. Physical examination reveals the patient has no new motor and sensory deficits and full range of motion. The patient is not taking medications. Per treater's report dated 08/01/13, the patient is temporarily totally disabled. Diagnosis - not documented. The utilization review determination being challenged is dated 09/24/13 The rationale follows: "functional progress... and adequate reasons to continue PT are not provided" Treatment reports were provided from 03/26/13 to 08/01/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (CONSULT AND TREATMENT) 4X4 TO RIGHT 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 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient presents with right shoulder pain. The request is for PHYSICAL THERAPY (CONSULT AND TREATMENT) 4X4 TO RIGHT SHOULDER. The request for authorization is not available. The patient is status-post right shoulder subacromial decompression 09/26/12. Patient had a shoulder injection on 06/20/13. The patient is not taking medications. Patient is temporarily totally disabled. MTUS Guidelines, pages 24-25, recommend 24 visits of postsurgical treatment over 10 weeks for patients who have undergone knee arthroplasty. The postsurgical physical medicine treatment period is 4 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Per progress report dated 03/26/13, treater's reason for the request is "her shoulder still has weakness and residual loss of motion." However, per UR letter dated 09/24/13, patient completed 16 sessions of post-op physical therapy on 01/04/13. Per UR letter dated 09/24/13, patient was authorized for 6 additional sessions of physical therapy on 04/17/13. Subsequently, physical therapy report dated 04/30/13 shows 5 visits had been made. Treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 16 additional physical therapy sessions would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.