

Case Number:	CM14-0112268		
Date Assigned:	08/01/2014	Date of Injury:	11/17/2013
Decision Date:	01/07/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 43 year old female with an injury date of 11/17/13. The patient is status post right shoulder arthroscopy; extensive debridement of partial tears of bursa and paralabral cysts; superior labral repair; and subacromial decompression with coplaning of distal clavicle, as per operative report dated 02/18/14. Based on the treater's progress report dated 01/07/14, the patient complains of severe excruciating pain in the right shoulder rated at 10/10. The constant pain is exacerbated with touch and movement. The patient states that there is restricted range of motion of the shoulder. However, physical examination of the right shoulder reveals full range of motion. Further testing was not done as the patient complained of severe pain upon light touch. The patient received Ketorolac injection on 01/07/14, as per the progress report with the same date. The patient is off work until 01/27/14, as per progress report dated 01/07/14. Diagnosis, 01/07/14:- Sprain / Strain Shoulder Right. The treater is requesting for POST-OP PHYSICAL THERAPY 2 X 4 RIGHT SHOULDER. The utilization review determination being challenged is dated 07/03/14. The rationale was "This request is not applicable due to the procedure not being supported at this time." Treatment reports were provided from 01/07/14 - 02/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical therapy 2x4 right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical for shoulder Page(s): 26-27.

Decision rationale: The patient is status post right shoulder arthroscopy; extensive debridement of partial tears of bursa and Para labral cysts; superior labral repair; and subacromial decompression with co-planning of distal clavicle, as per operative report dated 02/18/14. Based on the Treater's progress report dated 01/07/14, the patient complains of severe excruciating pain in the right shoulder rated at 10/10. The request is for Post-Op Physical Therapy 2 X 4 Right Shoulder. Unfortunately, neither the request for authorization, nor the progress report discussing the request is provided to show the period of the request. There is only one progress report from 1/7/14 is provided. Although the patient appears to be under an orthopedic care, additional reports were not available. No therapy reports were provided and the Utilization Review does not reference any additional details about treatment history. MTUS guidelines, pages 26-27, recommend 24 visits over a period of 10 weeks for patients who have undergone arthroplasty. The post-surgical period is 6 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." In this case, the progress report does not indicate prior physical therapy. The patient is experiencing severe shoulder pain rated at 10/10. She underwent right shoulder surgery on 02/18/14, as per the operative report. Only one progress report, dated 01/07/14, was provided for review and it did not discuss the physical therapy request. Hence, is it unclear if the patient is within the post-operative period of 6 months or not. However, the Treater's request for 8 physical therapy sessions falls within the range recommended by MTUS for non-operative cases. The request is medically necessary.