

Case Number:	CM14-0132071		
Date Assigned:	09/19/2014	Date of Injury:	10/23/2011
Decision Date:	11/13/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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 48-year-old female with date of injury of 10/23/2011. The listed diagnoses per [REDACTED] from 06/25/2014 are: 1. Sprain/strain of the cervical and lumbar spine. 2. Sprain/strain of the left shoulder with tendinopathy. 3. Status post arthroscopic subacromial decompression from November 2013. According to this report, the patient complains of left shoulder pain which comes and goes. The pain is rated at 5/10. She characterizes his pain as sharp. The examination shows 3 well-healed arthroscopic portals on the left shoulder. She can forward flex the shoulder with encouragement at 90 degrees and abduct approximately at 130 degrees. Right shoulder also has limited range of motion. Some atrophy is noted in the right arm. The documents included are an AME report from 03/25/2014 and 3 physical therapy reports from 01/08/2014 to 07/03/2014. The utilization review was deemed not medically necessary on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3xwk x 4wks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guideline, shoulder (updated 7/29/14) Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic subacromial decompression to the left shoulder from November 2013. The physician is requesting 12 post-operative physical therapy sessions for the left shoulder. Since the patient's surgery is from November 2013, it is outside post-surgical time-frame of 6 months. For physical therapy outside post-surgical guidelines, MTUS page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The 01/08/2014 physical therapy report notes that the patient has decreased muscle guarding after subscapularis active release technique. The patient is able to increase left shoulder range of motion; however, limited to pain. The 06/25/2014 report notes that the patient only received 6 post-operative physical therapy sessions following her November 2013 arthroscopic subacromial decompression surgery. The 07/03/2014 physical therapy report notes treatment #2 that showed the patient tolerated therapeutic modalities with no increased discomfort. Physical therapy visit #3 from 07/07/2014 notes that the patient complains of left shoulder pain and was able to tolerate treatment modalities without complaints of pain. In this case, it appears that the patient has received 3 physical therapy visits recently with tolerance to treatment. The requested 12 sessions when combined with the previous 3 would exceed MTUS Guidelines. MTUS allows for up to 10 visits for various myalgias and neuralgias. The request is not medically necessary.