

Case Number:	CM14-0147315		
Date Assigned:	09/15/2014	Date of Injury:	05/02/2013
Decision Date:	10/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/10/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 records presented for review indicated that this 47 year old female was reported injured on May 2, 2013 resulting in right shoulder pain. The mechanism of injury is reported as secondary to lifting. The injured worker had a right shoulder arthroscopy for subacromial decompression and distal clavicle resection on November 14, 2013. She also has had 36 visits of physical therapy approved on the April 28, 2014. The injured worker complains of severe pain and discomfort in the right shoulder and describes as aching, sharp, burning and throbbing in nature associated with numbness, pins and needle like sensations radiating to right forearm right wrist hand and to the distal end of right biceps. The injured worker also reported that the pain increased since her last visit on April 1, 2014. On the Visual analog scale pain scored 8/10. On July 24 2014 visit the injured worker states she is currently doing physical therapy. The efficacy of 36 sessions of physical therapy is unknown because complete set of physical therapy notes were not presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy

Decision rationale: CA Post-Surgical treatment guidelines page 27 supports 24 sessions of post op PT. ODG differentiates between arthroscopic and open shoulder surgery. For open procedures ODG recommends up to 30 sessions. The documentation provided reveals the claimant to have been afforded 36 sessions of post- operative PT. There is not a significant increase in functional gains or Active ROM of the shoulder to give additional credence to protracted PT. The office note from April 2014 states that she has completed 36 sessions of PT. In as much as the claimant has had 36 sessions of PT to attempt to demonstrate plateau and functional gains and failed the request for additional PT is not medically necessary.