MAXIMUS Federal Services

Case Number:	CM14-0155670		
Date Assigned:	09/25/2014	Date of Injury:	08/24/2008
Decision Date:	11/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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 case involves a 51 years old male with an injury date on 08/24/2008. Based on the 08/28//2014 progress report the diagnoses includes compensatory ongoing left shoulder pain and mechanical symptoms, report of labral tear per MR arthrogram, physical examination consistent with biceps and labral complex; history of multiple right shoulder surgeries with residuals that may change with no recent in condition; chronic pain syndrome; herniated nucleus pulposus; and cervical spine with residuals. According to this report, the patient complains of ongoing left shoulder pain and unchanged right shoulder pain. Lift off test is positive. The patient demonstrates 4/5 strength with resisted external rotation and internal rotation. The patient is status post "right shoulder arthroscopic acrominoplasty and debridement of labral tear April 7, 2009; status post repeat arthroscopic surgery right shoulder, January 19. 2010." There were no other significant findings noted on this report. The utilization review denied the request on 09/05/2014. [redacted] is the requesting provider, and he provided treatment reports from 04/16/2014 to 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week x 6 weeks, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: According to the 08/28/2014 report by [redacted] this patient presents with ongoing left shoulder pain and unchanged right shoulder pain. The physician is requesting 18 sessions of physical therapy for the left shoulder. The utilization review denial letter states "The patient had acupuncture and physical therapy visits. The number of completed sessions was not indicated in the submitted clinical documentation. "For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and no discussion regarding the patient's progress. The physician does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. However, UR alludes that the patient has had physical therapy visits with unknown number of completed sessions. MTUS page 8 requires that the physician provide monitoring of the patient's progress and make appropriate recommendations. Furthermore, the requested 18 additional sessions exceed what is allowed per MTUS. Therefore, this request is not medically necessary.