

Case Number:	CM14-0161212		
Date Assigned:	10/06/2014	Date of Injury:	07/14/2013
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain Medicine 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:

This is a male patient with a date of injury of July 14, 2013. A utilization review determination dated September 10, 2014 recommends noncertification of a physical medicine procedure. A progress note dated August 13, 2014 identifies subjective complaints of right shoulder pain, intermittent 3-7/10. The right shoulder pops frequently, there is pain with range of motion, and the patient continues to exercise to avoid a frozen shoulder. The patient reports left shoulder compensatory pain secondary to avoiding increasing pain in the right shoulder. Physical examination of the right shoulder identifies tender anterior acromial margin, tender AC joint, flexion 170, abduction 170, external rotation 80, and internal rotation 75. The diagnoses include right shoulder pain and dysfunction, right shoulder impingement, right shoulder AC joint arthrosis, right shoulder partial thickness rotator cuff tear, status post right shoulder arthroscopy with intra-articular debridement of frayed anterior and superior labrum, debridement of partially torn rotator cuff, and subacromial decompression done on April 24, 2014. The treatment plan recommends home exercise, dispense tramadol and flexiril, wean off of Norco 10/325, continue post-op physical therapy 2-3x a week for 6 weeks for the right shoulder, order TENS unit, and consider left shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine Procedure: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for physical medicine procedure, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, there is documentation of completion of an unspecified number of PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program. In the absence of such documentation, the current request for physical medicine procedure is not medically necessary.