

Case Number:	CM14-0093066		
Date Assigned:	07/25/2014	Date of Injury:	05/22/2006
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 63 year-old female with a 5/22/2006 date of injury. According to the 5/6/14 orthopedic report from [REDACTED], the patient presents with right shoulder stiffness. She had some improvement with the cortisone injection. Her neck pain resolved last month with traction and he denies paresthesia in the arms now. Her diagnosis is s/p left total shoulder arthroplasty. [REDACTED] requests PT 2x/week for the nex month. She apparently had the shoulder arthroplasty in Sept 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4-8 weeks let shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines- Treatment in Worker's Compensation, Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99,127.

Decision rationale: The patient is a 63 year-old female with a 5/22/2006 date of injury. She underwent left shoulder total arthroplasty in Sept 2013. She presents on 5/6/14 with some

stiffness in the shoulder. She recently had a cortisone shot with improvement. The request presented to IMR is for PT 2x per week for 4-8 weeks for the left shoulder. The patient is outside the MTUS Postsurgical Physical Medicine Treatment timeframe, so the MTUS Chronic Pain Guidelines apply. MTUS recommends 8-10 sessions of Physical Therapy for various myalgias or neuralgias. The request for PT 2x4-8 will exceed the MTUS recommendations. Recommend not medically necessary.