

Case Number:	CM14-0215599		
Date Assigned:	01/05/2015	Date of Injury:	05/04/2013
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old female with date of injury 05/04/13. The treating physician report dated 11/07/14 (5) indicated that the patient presents with pain affecting the right shoulder. The physical examination finding reveals pain at a 4/10 and is intermittent and dull. Patient has pain when lying on the shoulder at night but does not get number any more. TENS and HEP are helping as well as the theracane for the right upper back. Patient has completed 24 sessions of physical therapy. The patient had an MRI of her right shoulder on 07/15/14 which revealed moderate sized tear of the anterior inferior labral segment with a 4-5 mm ganglion partially within the tear and along the border of the labrum. Normal rotator cuff tendons and muscles. The ROM indicates in the right shoulder that Abduction is 180 degrees, flexion is 180 degrees and extension is 20 degrees. The current diagnoses are: 1. Right Shoulder Labral tear 2. Myofascial Pain. 3. Shoulder ganglion at the labral area. 4. ACJ OA, right. 5. Trapezius strain The utilization review report dated 11/25/14 denied the request for Physical Therapy based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: post-op physical therapy 1 time a week for 24 weeks of right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The patient presents with shoulder pain. The current request is for Associated surgical service: post-op physical therapy 1 x wk x 24 weeks of right shoulder. In the treating physician report dated 11/07/14, there is no indication as to the rationale for the current request. There is a 10/9/14 orthopedic report indicates that the patient would like to move forward with arthroscopy and labral repair surgery. Based on the records provided, the patient has not had right shoulder surgery and there is no authorization found for right shoulder surgery. The MTUS post surgical guidelines allow 24 PT visits over 14 weeks with a maximum time frame of treatment of 6 months. The MTUS guidelines only allow 8-10 sessions of physical therapy for myalgia and neuritis. The patient has already exceeded the maximum amount of physical therapy per the MTUS guidelines and the patient has not had surgery so the post surgical guidelines do not apply. If the patient has had surgery, then the current request is not medically necessary as the initial amount of therapy allowed post surgically would be half of the total allowed amount. In this case, there is no indication of what surgery, if any, has occurred and there is no way to know how many post surgical visits would be allowed. The current request is not medically necessary and the recommendation is for denial.