

Case Number:	CM14-0143642		
Date Assigned:	09/12/2014	Date of Injury:	05/17/2009
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 patient is a 43 year old male with an injury date of 05/17/09. The 08/14/14 report by [REDACTED] states that the patient presents with constant right shoulder pain that increases with repetitive motion, reaching, lifting and carrying. There is weakness in the arm and the shoulder pops frequently. It is noted the patient medically retired in 2013. Physical exam reveals range of motion 150 right vs 170 left for the shoulder. On palpation "Post. Capsl." is tight and "Lat. Bursa and Imping. Area" are +1 The patient's 08/14/14 diagnoses include: 1. Right shoulder pain 2. Glenohumeral Rotation deficiency 3. Status post rotator cuff revision subscapularis and supraspinatus repair 4. Status post Bankart reconstruction The utilization review being challenged is dated 08/27/14. Treatment reports from 10/10/13 to 08/14/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy: Upheld

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

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

Decision rationale: The patient presents with right shoulder pain and weakness in the arm. The treater requests for 12 visits of physical therapy for the right shoulder. The patient is s/p shoulder surgery but the date of surgery is not provided and it would appear that the patient is at least 6 months post-op and therefore, outside of post-op time-frame for therapy. The 08/14/14 report by [REDACTED] states 12 visits (2x6 weeks) of physical therapy is recommended to work on restoration of full range of motion, proper stretching and rotator cuff strengthening. The physical therapy treatment report dated 05/14/14 states the patient completed visit number 7 for pain in the shoulder joint. The utilization review of 08/27/14 references 12 sessions from 04/10/14 to 06/22/14. There is no discussion that this condition is a flare-up or new injury. The 10/10/13 report also shows treatment for right shoulder pain with a recommendation for physical therapy. MTUS guidelines pages 98, 99 state that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, treatment reports explain why additional treatment is requested, however, there is no discussion of why this could not be accomplished in a home treatment program. Furthermore, the 12 sessions requested exceed what is allowed per MTUS above therefore the request are not medically necessary.