

Case Number:	CM13-0005402		
Date Assigned:	04/23/2014	Date of Injury:	05/01/2000
Decision Date:	05/20/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/01/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male. The patient injured himself at work while lifting a heavy metal bar at work on 5/1/2000. The diagnoses includes a right shoulder tendinopathy. There is a request for 12 more physical therapy visits. According to the documentation submitted the patient has had 18 visits of physical therapy in 2012 and 16 visits in 2011. He has completed 9 visits in 2013. There is a 10/8/13 discharge report from physical therapy that states that the patient is independent in a home exercise program. The documentation a 5/17/13 right shoulder MRI demonstrates mild osteophytic changes at the AC joint and mild subacromial bursitis. A sub acromial steroid injection was given 5/12/13 with good relief for 2 weeks There is a document that states that a shoulder x-ray was obtained and reveals osteoarthritis. The patient is complaining of pain with pushing, pulling, and lifting. On physical examination there is tenderness with palpation of the acromioclavicular joint, subacromial region, and with range of motion of the right shoulder. There are no motor or sensory deficits on neurological exam. The plan includes requesting authorization for right shoulder AC joint injection; continue Ibuprofen, and awaiting authorization of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 MORE PHYSICAL THERAPY VISITS: 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 MTUS Chronic Pain Medical Treatment Guidelines recommends up to 10 visits for the patient's condition and recommends a fading of frequency of therapy towards an independent home exercise program. Based on the medical records provided for review patient has had over 40 visits of physical therapy since 2013 for his shoulder. The documentation indicates that he is independent in a home exercise program. There are no extenuating circumstances that would warrant an additional 12 more physical therapy visits. The request for 12 more physical therapy visits is not medically necessary and appropriate