

Case Number:	CM13-0005593		
Date Assigned:	12/27/2013	Date of Injury:	11/17/1999
Decision Date:	03/06/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 41-year-old male who sustained an injury to his right shoulder due to excessive use of the arm overhead and pulling and pushing on frames. The patient underwent a right shoulder debridement on 10/05/2001. The patient underwent a second surgical procedure on 12/15/2011, which the patient noted to have some improvement, but symptoms had not completely resolved. Upon evaluation on 07/27/2012, the patient's right shoulder range of motion was as follows: 170 degrees with abduction, 180 degrees with forward flexion, 80 degrees with external rotation and 70 degrees with internal rotation. It was additionally noted that the patient had a positive impingement sign and pain in extremities with movement. The patient's strength was noted as good. The patient participated in physical therapy following both procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, three times per week for six weeks, on the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: The Physician Reviewer's decision rationale: Physical therapy is recommended for restoring flexibility, strength, endurance, function and range of motion by guidelines. The documentation submitted for review noted that the patient had good strength for the right shoulder. The patient had no noted significant findings of loss of range of motion or flexibility. It was additionally noted that the documentation submitted for review did not indicate the patient's functionality in relation to his right shoulder. Per the documentation submitted for review, the patient previously participated in physical therapy for an unknown number of sessions. The Chronic Pain Medical Treatment Guidelines recommend up to 10 visits of physical therapy for patients with pain. Therefore, the request for 18 additional sessions exceeds the guideline recommendations. Furthermore, it was noted that the patient's outcome with previous physical therapy was not submitted for review. The request for physical therapy, three times per week for six weeks, on the right shoulder, is not medically necessary or appropriate.