

Case Number:	CM13-0009885		
Date Assigned:	12/11/2013	Date of Injury:	04/12/2013
Decision Date:	02/14/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 39-year-old male who reported an injury on 04/12/2013. The patient is currently diagnosed with impingement syndrome of the right shoulder and AC arthrosis in the right shoulder. The patient was recently seen by [REDACTED] on 12/10/2013. Physical examination revealed 160 degrees forward flexion and abduction of the right shoulder, positive impingement sign, and specific tenderness over the AC joint, full range of motion of the right elbow and wrist, and intact sensation. Treatment recommendations included an arthroscopic subacromial decompression and distal clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical therapy

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. Official Disability Guidelines state treatment for impingement syndrome includes 10 visits over 8 weeks. As per the clinical notes submitted, the patient has completed a course of physical therapy to include 12 sessions for the right shoulder. Additional treatment would further exceed guideline recommendations for a total duration of treatment. The patient's latest physical examination only revealed 160 degree forward flexion and abduction with positive impingement testing and tenderness over the AC joint. The patient has been referred to an orthopedic specialist for possible surgical intervention. The medical necessity for ongoing physical therapy has not been established. As such, the request is non-certified.