

Case Number:	CM13-0011716		
Date Assigned:	03/28/2014	Date of Injury:	12/03/2011
Decision Date:	05/02/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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 Occupational Medicine and is licensed to practice in California, Colorado, Michigan, Pennsylvania, 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 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:

This is a 65 year old male with a shoulder strain/sprain and low back strain/sprain from a fall at work. The date of incident 12/3/2011. Patient has completed 43 Physical Therapy sessions since injury however there has been no significant objective improvement. In addition there is no report of an active HEP which is recommended by CA MTUS/ODG. There is a note indicating that the patient may have a cervical radiculopathy. The present diagnoses are Impingement syndrome and Supraspinatus tendonitis with a decrease ROM of 50%. Patient stated he has never been given an exercise program for his shoulder. A Provider note indicates the patient has completed 43 sessions with slight improvement. I would approve a 6 visit trial of Physical Therapy for the purpose of training for an active HEP and follow up visits for compliance with the HEP. MRI 6/8/2012 of the shoulder revealed a type III acromion tear with a full thickness RTC tear. Patient was given a RTW with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE, Page(s): 98-99.

Decision rationale: There are no physical therapy notes provided for review. The patient has attended 43 P.T. sessions which exceeds the CA MTUS Chronic Pain Treatment Guidelines. However, according to the 8/16/13 PR-2 PT had only been directed to the lumbar spine. According to the 8/16/2013 supplemental report, the patient demonstrated decreased ROM of the right shoulder, with pain and tenderness noted at the posterior aspect of the shoulder. According to the CA MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A brief course of PT to the right shoulder of 6 PT sessions, including instruction in a HEP would be supported. However the requested 12 sessions is not consistent with the guidelines, and there is a lack of documentation to support the need for further deviation from the guidelines. I will modify the request to certify a trial of PT if done in conjunction with an active HEP.