

Case Number:	CM13-0012213		
Date Assigned:	09/25/2013	Date of Injury:	03/31/1996
Decision Date:	01/23/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/16/2013

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, has a subspecialty in Preventive Medicine 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:

Claimant sustained bilateral shoulder injures on 3/31/1996 which resulted in bilateral shoulder arthritis. On 4/11/13 the claimant had shoulder arthroscopy and a biceps tendon repair. A therapy report on 6/10/13 indicated that the claimant was receiving improvement from therapy with range of motion. Therapy report on 7/1/13 indicated the claimant had received myofascial releases, range of motion exercises and home exercise program which resulted in improved range of motion. However, the claimant has pain ranging from 3-7/10. Goals for increased range of motion and self-home exercise was made and request for therapy 2x/week for 4 weeks. ⚡

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral shoulders 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: Table 9-6 of the American College of Occupational and Environmental Medicine (ACOEM) guidelines allows for short course therapy that would allow for at home exercises. Passive modalities by a therapist is not recommended unless accompanied by teaching

the patient at home. Furthermore, specific modalities of requested treatment to meet goals are not specified. In this case, the claimant has already received extensive therapy and further therapy is not medically necessary.