

Case Number:	CM13-0013342		
Date Assigned:	09/25/2013	Date of Injury:	04/03/2011
Decision Date:	02/28/2014	UR Denial Date:	07/25/2013
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 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 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 47 year old female who on 4/3/11 injured herself at work pulling some cases down from a shelf. The case slipped and fell on top of her right arm. On a 12/20/12 orthopedics visit, the patient had a right shoulder injection with cortisone and Marcaine. The patient had complaints of more pain in her right shoulder. She had pain with overhead lifting and at night. An MRI on 3/28/13 showed superior labral tearing from the 10 o'clock position posterosuperiorly to the 1 o'clock position anterosuperiorly, no paralabral cyst. The MRI also showed supraspinatus and infraspinatus tendinosis with articular-sided fraying of the supraspinatus tendon at the critical zone, as well as mild tendinosis of the intraarticular long head biceps tendon. There was anterior downsloping of the acromion with mild narrowing of the anterior subacromial space. [REDACTED] which noted on 7/9/13 that the patient on her last visit on 6/11/2013 received a subacromial bursa injection with improvement in pain, but continued weakness. The patient had pain with pushing and pulling activities. Examination of the right shoulder showed positive Neer indicating ongoing impingement, and Hawkins was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for rotator cuff strengthening and scapular stabilization (8 sessions):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Eight sessions of physical therapy (PT) for rotator cuff strengthening and scapular stabilization are not medically necessary per MTUS guidelines. Per documentation, the patient has completed 18 postoperative PT treatments for her right wrist and at least 10 PT treatments for her right shoulder with fading of frequency and emphasis on a self directed home exercise program. Guidelines for her shoulder condition recommend up to 10 PT visits. Additionally, per an orthopedic progress note dated April 24, 2013, the patient understands and seems to be independent in her home exercise program which includes scapular and periscapular strengthening exercises.