

Case Number:	CM13-0015548		
Date Assigned:	01/10/2014	Date of Injury:	04/18/2013
Decision Date:	04/07/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 63-year-old female with a date of injury of 04/18/2013. Diagnosis include status post fracture/dislocation of right shoulder, and status post glenohumeral dislocation of left shoulder. According to report dated 08/07/2013 by [REDACTED], patient is status post fracture of right shoulder and glenohumeral dislocation of left shoulder. It was noted that patient has been going to therapy with some improvement, but is still unable to raise her right arm. Subjective complaints states, "No pain in the shoulders or right elbow." Examination reveals no tenderness; however, extremely limited motion of the shoulders, right and left. She is unable to elevate the right arm and limited on the left. Passive flexion and abduction to approximately 120 degrees was noted. Treater is requesting patient continue with physical therapy 2 times per week for 4 weeks for antiinflammatory modalities and range of motion exercise progressing to stretching and strengthening, and then, progressing to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR TREATMENT OF THE BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy Medical Treatment.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for physical medicine pages 98 and 99 states for myalgia- and myositis-type symptoms, recommendation is for 9 to 10 visits over 8 weeks. According to report dated 05/17/2013, the patient is to "begin previously requested physical therapy 3 times per week for 4 weeks." The patient has already had 12 physical therapy sessions and the current request is for additional 8 sessions. The request exceeds what is allowed per MTUS guidelines for this type of diagnosis. The request for physical therapy twice a week for four weeks is not medically necessary and appropriate. Disclaimer:
MAXIMUS