

Case Number:	CM13-0020959		
Date Assigned:	11/08/2013	Date of Injury:	01/19/1999
Decision Date:	01/15/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 and is licensed to practice in Oklahoma 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.

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 56-year-old female who reported an injury on 01/19/1999 with mechanism of injury being the patient was moving a filing cabinet. The patient was noted to have right shoulder pain at 10/10 with some numbness in the right elbow. The patient was noted to have fallen on 08/11/2013. The diagnoses were noted to include status post right shoulder arthroscopy with mini open rotator cuff repair, right shoulder biceps tendinitis, right shoulder biceps tendinitis, and right shoulder impingement syndrome. The diagnoses were noted to include status post right shoulder arthroscopy with mini open rotator cuff repair and right shoulder biceps tendinitis, along with right shoulder impingement, synovitis and tenosynovitis, lateral epicondylitis, and carpal tunnel syndrome. The request was made for 12 visits of physical therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve physical therapy sessions for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical medicine with passive therapy can provide short term relief during the early phases of pain

treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review while indicating the patient had fallen and had right shoulder pain due to the fall and the pain was rated 10/10, the patient was noted to have previous physical therapy and there was lack of documentation indicating the patient's response to the physical therapy. The patient should be well versed in a home exercise program. The clinical documentation submitted for review failed to provide the necessity for 12 visits of physical therapy as the maximum treatment was noted to be 9 to 10. The request for twelve physical therapy sessions for the right shoulder is not medically necessary.