

Case Number:	CM13-0021281		
Date Assigned:	12/11/2013	Date of Injury:	05/31/2013
Decision Date:	09/30/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 51-year-old male with a 05/31/2013 date of injury. A specific mechanism of injury was not described. 8/7/13 determination was non-certified given no indication of sustained functional improvement. It was noted that the patient had at least 6 previous physical therapy sessions. 8/1/13 medical report identified persistent right shoulder pain and limited range of motion. Specific measurements were not provided. It was noted that the patient had not been in therapy for a week. 7/11/13 medical report revealed flexion and abduction measured at 115 degrees. The patient reported good relief of symptoms with physical therapy and overall improvement of her condition. 6/26/13 PT report identified flexion of 120, abduction was not tested actively, passively was to 140. 5/31/13 medical report revealed that the patient had flexion of 135, extension 45, and abduction 135 with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PT 2X6 RIGHT SHOULDER, NECK, LEFT THIGH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 173-177, 201-205, AND 337-339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines physical medicine.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines, Rotator cuff syndrome/Impingement syndrome.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had previous physical therapy. The specific number of sessions was not clear as there is indication of "at least 6 sessions". In addition, the specific functional improvement derived from therapy were not documented. There was reported improvement in function, yet, the range of motion seemed to be decreasing over time. In addition, there were no specific goals to attain with future sessions. The medical necessity was not substantiated.