

Case Number:	CM13-0021622		
Date Assigned:	11/13/2013	Date of Injury:	10/05/2009
Decision Date:	02/03/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/09/2013

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 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:

This is a male patient with a date of injury of 10/5/09. A utilization review determination dated 8/8/13 recommends a modified certification from physical therapy 3 x 6 right shoulder to physical therapy 2 x 6 weeks right shoulder. A progress report dated 7/30/13 identifies subjective complaints including, "right shoulder pain rated 7/10." Objective examination findings identify, "tenderness to palpation to the right rotator cuff muscles...ROM flexion 120 degrees right, extension 20 degrees, abduction 95 degrees, adduction 30 degrees, IR 60 degrees, and ER 50 degrees...Codman drop-arm test and empty can-supraspinatus test are noted positive on the right." Diagnoses state, "...right shoulder rotator cuff syndrome; right shoulder rotator cuff rupture; right shoulder rotator cuff tear, failed surgery..." Treatment plan recommends, "the patient will start his physical therapy on July 31, 2013, to improve strength, stability, and range of motion, as well as to decrease pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 6 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: Regarding the request for physical therapy 3 times per week for 6 weeks for the right shoulder, California MTUS supports up to 10 sessions for chronic pain or 12 initial sessions in the case of postoperative physical therapy. The prior utilization review recommended modification of this request from 18 sessions to 12 sessions. There is no indication for an initial course of 18 physical therapy sessions rather than the 10 sessions for chronic pain or 12 initial sessions in the case of postoperative physical therapy recommended by the California MTUS. In light of the above issues, the currently requested physical therapy 3 times per week for 6 weeks for the right shoulder is not medically necessary.