

Case Number:	CM13-0024727		
Date Assigned:	11/20/2013	Date of Injury:	01/29/1999
Decision Date:	01/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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:

The patient is a 73-year-old female who reported an injury on 01/29/1999. The patient reportedly re-injured her shoulder after arthroscopic repair, and underwent a course of physical therapy adverse determination medication management. The patient also received an AC joint injection. The patient's most recent examination findings included mild to moderate shoulder pain with range of motion. Examination of the right shoulder revealed restricted range of motion described as 130 degrees in abduction, 60 degrees in adduction, 130 degrees in forward flexion, and 30 degrees in extension. The patient's diagnoses included degenerative joint disease of the right shoulder status post arthroscopic surgery. The patient's treatment plan included continued physical therapy and medications

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 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 99.

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

Decision rationale: The requested physical therapy 2 times a week for 6 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain and range of motion deficits. California Medical Treatment Utilization Schedule does recommend physical therapy to assist with increasing a patient's range of motion and decreasing pain levels. However, California Medical Treatment Utilization Schedule does recommend the patient be transitioned in to a home exercise program to continue to maintain functional gains made during supervised treatment. Clinical documentation submitted for review does not clearly identify the number of visits the patient has already undergone. Additionally, there are no barriers noted within the documentation to preclude further progress of the patient while participating in a home exercise program. As such, the requested physical therapy 2 times a week for 6 weeks is not medically necessary or appropriate.

Topical Anti-inflammatory cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111.

Decision rationale: The requested Topical anti-inflammatory cream is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain and inflammation of the right shoulder. However, California Medical Treatment Utilization Schedule recommends nonsteroidal anti-inflammatory drugs as topical agents when the patient is intolerant of oral analgesics or when oral analgesics are contraindicated. The clinical documentation submitted for review does not provide any evidence that the patient is not able to tolerate oral intake of nonsteroidal anti-inflammatory drugs. Therefore, a Topical anti-inflammatory cream is not medically necessary or appropriate.