

Case Number:	CM13-0025348		
Date Assigned:	11/20/2013	Date of Injury:	12/16/2012
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 Sports Medicine and is licensed to practice in New York 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 33-year-old female who reported an injury on 12/16/2012. The mechanism of injury was lifting. The resulting diagnoses included right shoulder joint pain, rotator cuff syndrome, right shoulder superior labrum anterior-posterior lesion, superior glenoid labrum lesion, and right shoulder/arm pain. Official MRI of the right shoulder performed on 04/12/2013 revealed minimal supraspinatus tendinitis/tendinopathy and an incomplete superior labral tear. The patient's primary course of treatment included medications and activity modification. She was also noted to have received 14 visits of physical therapy in 2013 and was reported to be in the process of completing an additional 10 visits in 08/2013. The physical therapy notes provided for review did not include any shoulder range of motion values. The patient is reported to have received a cortisone injection to the right shoulder on 05/29/2013 that helped considerably to reduce pain, numbness and tingling down the right arm. On 06/17/2013, the physical examination noted the patient to have normal range of motion, but did have accompanying discomfort. The patient does not want surgery on her shoulder at this time and would like to continue physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) additional physical therapy visits: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For unspecified myalgia and myositis, 9 to 10 visits are recommended over the period of 8 weeks, with treatment fading and the patient expected to perform self-directed home exercises. The clinical notes submitted for review reveal the patient has had anywhere from 14 to 24 visits of physical therapy to date. This amount of therapy far exceeds guideline recommendations and it is appropriate to expect the patient to continue home exercises without the documentation of exceptional factors. As such, the request for 10 additional physical therapy visits is non-certified