

Case Number:	CM13-0025629		
Date Assigned:	11/20/2013	Date of Injury:	04/21/2000
Decision Date:	01/29/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in 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. 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 female patient sustained a right shoulder injury on 04/21/00. Treatment has included medications and right shoulder arthroscopic surgery on 01/30/13. The injured has had 26 post operative physical therapy sessions. The current report is dated 8/30/13. It is handwritten and difficult to read. The request is for 6 additional sessions of therapy for strengthening of the right shoulder. The 07/23/13 acupuncture report notes the patient to be in extreme pain of 07/10. The patient has slight tenderness to palpation and limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: six (6) sessions (2x3), right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: California MTUS Chronic Pain Medical Treatment guideline, section of Physical Medicine, Page 99 allows for fading of treatment (from up to 3 visits per week to 1 or less), plus active self-directed home Physician Medicine. Also the guideline allows for Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks *Postsurgical physical medicine treatment period: 6

months Postsurgical treatment, open: 30 visits over 18 weeks *Postsurgical physical medicine treatment period: 6 months. According to Medical record reviewed, this patient has been previously treated with over 26 physical therapy sessions post-operatively, with no evidence of functional improvement. Therefore, physical therapy six sessions to the right shoulder (2x3) is not medically necessary.