

Case Number:	CM13-0027438		
Date Assigned:	11/27/2013	Date of Injury:	08/21/2008
Decision Date:	01/22/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/20/2013

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 Oklahoma 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 63-year-old male who reported an injury on 08/21/2008. The patient is currently diagnosed as status post arthroscopic right shoulder surgery, history of impingement syndrome of the left shoulder with acromioclavicular arthrosis, and lumbosacral sprain with underlying degenerative disc disease. The patient was recently evaluated by [REDACTED] on 10/24/2013. The patient complained of bilateral shoulder pain and lower back pain. Physical examination revealed diffuse subacromial tenderness, well-healed portals on the right side, no atrophy or swelling, slightly diminished range of motion of the shoulders, 5/5 motor strength of bilateral shoulders, and intact sensation. It was determined that the patient has remained at maximum medical improvement. Treatment recommendations included home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment

frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Physical therapy was ordered by [REDACTED] on 09/24/2013, twice per week x4 weeks for functional improvement. However, there was no physical examination provided on that date. It is also noted, the patient had completed 24 sessions of physical therapy following right shoulder surgery in 2009. The patient should be independent with a home exercise program. The medical necessity for 8 additional physical therapy sessions at this time has not been provided. Therefore, the request is non-certified.