

Case Number:	CM13-0027970		
Date Assigned:	11/22/2013	Date of Injury:	01/31/2012
Decision Date:	01/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine 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 41 year-old patient with a DOI Of 1/31/2012 and has shoulder pain and low back pain. The patient is pending surgery for his right shoulder as of 11/2013. MRI of the right shoulder shows interest substance tear in the supraspinatus and subscapularis tendons. There is increased supraspinatus and subscapularis tendinopathy. There is a potential superior labral anterior and posterior (SLAP) tear. The report dated August 14, 2013 states the patient has already been undergoing physical therapy prior to a surgical consideration. There is no note as to how much physical therapy the patient has had.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times per week for 6 weeks in treatment to the right shoulder QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy

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

Decision rationale: CA MTUS chronic pain guidelines state that for physical medicine on page 99 the treatment should allow for 3 visits per week fading to 1 per week. The patient has already started physical therapy. The guides also recommend 9-10 visits for myositis and myalgia. As this patient has already begun treatment and the requested number of PT exceeds guidelines, this treatment is not medically necessary.