

Case Number:	CM13-0028064		
Date Assigned:	11/22/2013	Date of Injury:	04/30/2001
Decision Date:	02/05/2014	UR Denial Date:	08/22/2013
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 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. 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 was a 71 year old female who complained of injury to the right side of her body due to fall on 04/30/2001. The patient underwent right shoulder surgery 08/10/2002 and 06/23/2004 and right elbow surgery on 07/02/2003. The patient had diminished grip strength in her right hand upon the medical evaluation. The patient had decreased range of motion to right arm. The patient's forward flexion was 160 degrees. The patient had tenderness over acromioclavicular joint and over the infraspinatus tendon. The patient participated in physical therapy from 06/24/2010 to 08/23/2010. The patient was documented to have met her physical therapy goals. The patient received a right shoulder subacromial steroid injection on 08/20/2012. Upon the patient's exam on 08/29/2013 it was recommended that the patient participate in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy Visits for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for Prospective 8 Physical Therapy Visits for the Right Shoulder is non-certified. The patient had decreased range of motion, muscle strength and pain to the right shoulder noted upon examination. The guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. However, the patient previously had participated in a physical therapy program for her right shoulder and was documented to have met her goals. Furthermore, the patient participated in 11+ sessions. The guidelines recommend up to 10 sessions of physical therapy for patients with myalgia or neuralgia. The request for 8 physical therapy sessions exceeds guideline recommendations. Given the information submitted for review the request for Prospective 8 Physical Therapy Visits for the Right Shoulder is non-certified.