

Case Number:	CM13-0029604		
Date Assigned:	11/01/2013	Date of Injury:	08/21/2003
Decision Date:	02/03/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

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 Family Practice 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 patient is a 68-year-old injured worker who reported a work-related injury on 08/21/2003. The patient is status post left reverse total shoulder arthroplasty on 11/21/2012. The patient has undergone physical therapy sessions and a comprehensive home exercise program. The patient medications included naproxen 500 mg and Norco 10/325 mg. A request was made for twelve sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California Medical Treatment Guidelines for Chronic Pain indicate 24 physical therapy visits are recommended over 14 weeks for the postsurgical treatment of rotator cuff syndrome/impingement syndrome. It was unclear based on submitted documentation how many physical therapy visits the patient has had to this date. The patient was not noted to have significant functional deficits to warrant formal physical therapy visits. Prior documentation

indicated that the patient had completed 24 postoperative visits and was then certified for an additional 6 visits. The patient was noted to be well versed in a home exercise program. There was no evidence given that the patient would not be able to address their remaining deficits in a home exercise program versus formal physical therapy visits. The request for twelve sessions of physical therapy is not medically necessary and appropriate.