

Case Number:	CM13-0031145		
Date Assigned:	12/04/2013	Date of Injury:	05/01/2000
Decision Date:	02/14/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

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 Interventional Spine 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 56-year-old male with date of injury on 05/01/2000. The progress report dated 08/27/2013 by [REDACTED] indicated that the patient's diagnoses include: Right shoulder rotator cuff tendinopathy, right shoulder proximal biceps tendinopathy, and right shoulder AC joint arthrosis. The patient continues with persistent right shoulder pain. Exam findings indicate the patient had mild discomfort with range of motion, mild decrease in strength at 4+/5, and increased pain with strength testing. The treatment plan included continuation of antiinflammatory medication and continuation of his home exercise program, and request was made for physical therapy for eight visits. Utilization review letter dated 09/16/2013 indicated that the request was modified for approval of four physical therapy visits. It was also noted that the patient had undergone eighteen physical therapy sessions in 2012, sixteen physical therapy sessions in 2011, and had completed nine physical therapy visits in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8(per clinic note, but 12 per RFA) physical therapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient continues with right shoulder pain and has received extensive physical therapy visits in the past. The records indicate most recently the patient has received nine physical therapy visits in 2013, 18 visits in 2012, and 16 visits in 2011. I was able to review physical therapy records most recently dated 07/12/2013 which was the 9/9 visit in 2013. California Medical Treatment Utilization Schedule (MTUS) page(s) 98-99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. Ten visits is recommended for myalgia and myositis. The requested eight visits in addition to the nine visits exceeds this recommendation. Therefore, recommendation is for denial.