

Case Number:	CM13-0031571		
Date Assigned:	12/04/2013	Date of Injury:	07/08/2010
Decision Date:	03/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery and Hand Surgery 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 54-year-old female who reported an injury on 07/08/2010. The mechanism of injury was noted to be a continuous trauma. Per the most recent office note, the patient had tenderness at the shoulder anteriorly with a positive impingement and Hawkins sign. There was pain with terminal motion. The patient's diagnosis was noted to be bilateral shoulder impingement and partial tear of the supraspinatus tendon in the left shoulder and a likely full thickness tear in the critical insertion zone of the supraspinatus tendon with superior labral tear of the right shoulder per MRI. The request from the physician was made for a course of physical therapy for the upper back, shoulders, and low back 2 times per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the bilateral shoulders for 8 sessions, (2) times a week for (4) weeks:
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 Physical Medicine Section Page(s): 98-99.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines indicate the physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review initiated the patient had a prescription for 8 previous physical therapy sessions. There was a lack of documentation of objective functional improvement with the prior physical therapy and there was a lack of documentation of remaining functional deficits to support ongoing treatment with physical therapy. The request as submitted was for physical therapy for the bilateral shoulders. However, per the physician's documentation, the request was to be for physical therapy for the upper back, shoulders, and low back. As the patient's date of injury was noted to be in 2010, the patient should be well versed in a home exercise program. There was a lack of clarification and a lack of documentation indicating exceptional factors to warrant further treatment. Given the above, the request for physical therapy to the bilateral shoulders for 8 sessions, (2) times a week for (4) weeks is not medically necessary.