

Case Number:	CM13-0031869		
Date Assigned:	12/04/2013	Date of Injury:	04/04/2011
Decision Date:	02/11/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/04/2013

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 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.

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 61-year-old male who reported an injury on 04/04/2011. The mechanism of injury was a fall. Initial injuries were to his right shoulder and right knee. The patient is known to have had a right knee arthroscopy with medial meniscectomy, microfracture of medial femoral condyle, and chondroplasty of patellofemoral joint on 09/02/2011. He also had a right shoulder arthroscopy on 10/20/2011, a left knee arthroscopy on 08/02/2013, and an open right shoulder rotator cuff repair on 01/04/2013. The most recent range of motion values of the right shoulder were obtained on 09/06/2013, and include flexion of 100 degrees, abduction of 100 degrees, external rotation of 70 degrees, and internal rotation of 10 degrees. There was also noted to be a negative supraspinatus test and moderate pain with range of motion. A clinical note dated 05/24/2013 reported that the patient's shoulder range of motion included flexion of 130 degrees, abduction of 90 degrees, external rotation of 30 degrees, and internal rotation PSIS. There was no other pertinent clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For unspecified myalgia and myositis, guidelines recommend 9 to 10 visits with an initial trial of 6 visits to determine efficacy. Within the clinical notes provided for review, it is evidenced that the patient has lost some range of motion in his right shoulder and physical therapy would be appropriate at this time. However, the current request for 8 sessions exceeds guideline recommendations. Therefore, the request for physical therapy for the right shoulder, quantity 8 is non-certified