

Case Number:	CM13-0032805		
Date Assigned:	12/06/2013	Date of Injury:	12/16/2011
Decision Date:	02/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/08/2013

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 & 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. 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 59-year-old male who reported a work related injury on 12/16/2011, specific mechanism of injury as the result of a fall. The patient presents for treatment of the following diagnosis, unspecified derangement of joint, shoulder region. A physical therapy progress note dated 09/06/2013 reported the patient was utilizing aquatic therapies. Upon physical exam of the patient, the provider documented the patient's initial right shoulder range of motion was 102 degrees, with 75 degrees noted status post initiation of therapies; as well, a decrease in abduction from 75 degrees to 64 degrees. The patient's motor strength has remained the same about the right upper extremity at 3+/5. The provider documented the patient was progressing poorly with therapies

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x/week x 6 weeks right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The current request is not supported. The employee has utilized multiple recent sessions of supervised therapeutic interventions for pain complaints about the right shoulder status post a work related injury sustained in 2003. The clinical notes document the employee is utilizing a medication regimen, H-wave and physical therapy interventions. At this point in the employee's treatment, reassessment of the employee's condition would be indicated. As well, utilization of an independent home exercise program would be supported. The MTUS guidelines recommend allowing for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given all of the above, the request for physiotherapy 2 times a week for 6 weeks for the right shoulder is not medically necessary or appropriate.