

Case Number:	CM13-0035147		
Date Assigned:	12/13/2013	Date of Injury:	01/01/2011
Decision Date:	02/27/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 01/01/2011. The mechanism of injury was not provided. The patient was noted to have a right shoulder arthroscopy with subscapularis and supraspinatus rotator cuff partial tear and debridement, as well as subacromial decompression and distal clavicle excision on 04/02/2013. The patient was noted to have physical therapy. The patient was noted to have discomfort at the extremes of forward flexion and abduction on the right side compared to left, but there were no limitations in the motion. The left upper extremity was noted to be mildly tender over the AC joint and in the anterior acromion. The patient's diagnoses were noted to include osteoarthritis, and disorders of the bursa and tendons in the shoulder region unspecified. The request was made for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 x 6: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Clinical documentation submitted for review failed to provide documentation of the patient's objective functional benefit received from physical therapy. Additionally, there was a lack of documentation indicating the quantity of visits the patient had for physical therapy. Given the above, and the lack of documentation, the request for continued physical therapy 2 x 6 is not medically necessary.