

Case Number:	CM13-0036420		
Date Assigned:	12/13/2013	Date of Injury:	12/03/2007
Decision Date:	02/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/21/2013

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 Pain Management, 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 female with a date of injury of December 03, 2007. According to progress report dated February 25, 2013 by [REDACTED], the patient continues to have right greater than left shoulder pain. Physical examination showed tenderness over the subacromial bursal space and shoulder girdle musculature with positive Neer and Hawkins impingement sign. The patient had a forward flexion and abduction of 125 degrees with pain and stiffness and internal rotation to the sacroiliac (SI) joint with pain. The patient has a diagnosis of bilateral shoulder bursitis, tendinitis and impingement and is status post arthroscopic surgery (2009). An MRI of the right shoulder dated February 25, 2013 showed subacromial/subdeltoid bursitis with mild edema involving the outer bursal sided fibers of the supraspinatus tendon. There is no evidence of articular surface or midsubstance rotator cuff tear, retraction, or muscle atrophy. The treating Physician recommends "a course of therapy twice a week for six weeks as she has stiffness, pain, weakness, loss of motion and functional deficits." The UR determination being challenged is dated September 27, 2013 and recommends denial of 12 Physical Therapy (PT) sessions, stating there is lack of information to make the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for 12 sessions of Physical Therapy for the Right Shoulder, two (2) times per week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Pain, Suffering and the Restoration of Function, Chapter 6, page 114

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

Decision rationale: This patient presents with chronic shoulder pain and has a diagnosis of bursitis, tendinitis and impingement. The patient had shoulder surgery in 2009. An MRI from February 25, 2013 showed no evidence of rotator cuff tear. The treating physician requests 12 physical therapy sessions to address the patient's stiffness, pain, weakness, loss of motion and functional deficits. The medical file provided for review does not include any information regarding prior treatments. There are no therapy notes, and the treating physician does not discuss prior treatments in his notes from January 17, 2013 to March 20, 2013. The Chronic Pain Medical Treatment Guidelines recommend 9-10 sessions of therapy for myalgia/myositis. The requested 12 sessions exceed what is recommended. Therefore prospective request for 12 sessions of Physical Therapy for the Right Shoulder, two (2) times per week for six (6) weeks is not medically necessary and appropriate.