

Case Number:	CM13-0038798		
Date Assigned:	12/18/2013	Date of Injury:	01/12/2008
Decision Date:	10/07/2014	UR Denial Date:	09/08/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Preventative Medicine 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 expert 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:

This 64 year old female claimant sustained a work injury of the right shoulder on 1/12/08. She was diagnosed with a right rotator cuff injury and underwent surgical repair in 2008. She had undergone TENS and ultrasound therapy. In August of 2013, she underwent 12 sessions of physical therapy. She was noted to have reduced pain with range of motion and improvement in activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS FOR 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 medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder pain

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. Most diagnoses provided for 10 sessions over 8 weeks of therapy with further continuation in a home based program. Although, the ODG guidelines allow for up to 24 visits after surgery, the claimant had surgery 5 years prior. Most other diagnoses for medical

management are up to 10 visits. Therefore the 12 sessions as noted above are not medically necessary.