

Case Number:	CM13-0042059		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2013
Decision Date:	02/26/2014	UR Denial Date:	10/04/2013
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 Physical Medicine and Rehabilitation and Sports Medicine and is licensed to practice in Texas and New York. 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 46-year-old injured worker who reported an injury on 03/25/2013. The patient is currently diagnosed with right shoulder pain, right shoulder AC joint osteoarthritis, and right shoulder adhesive capsulitis. The patient was recently seen by [REDACTED] on 12/11/2013. The patient reported persistent pain in the right shoulder. Physical examination revealed decreased range of motion, positive Neer and Hawkins testing, positive Speed's and O'Brien's testing, and positive crossover maneuver. It was noted that an MRI of the right shoulder completed on 04/30/2013 indicated mild to moderate acromioclavicular arthropathy without significant narrowing of the supraspinatus outlet. Treatment recommendations included an ultrasound guided cortisone injection into the glenohumeral joint. It was noted that the patient had been denied further physical therapy, which has allowed her range of motion to worsen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The Official Disability Guidelines state medical treatment for arthropathy, unspecified includes 9 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds Guideline recommendations. Additionally, documentation of the previous course of physical therapy with treatment duration and efficacy was not provided for review. Therefore, ongoing treatment would not be determined as medically appropriate. The request for twelve sessions of physical therapy for the right shoulder is not medically necessary and appropriate.