

Case Number:	CM13-0045165		
Date Assigned:	12/27/2013	Date of Injury:	02/18/2002
Decision Date:	05/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery, 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:

The claimant is a 63 year old injured in a work related accident January 18, 2002. There is documented injury to the right shoulder region. The clinical records indicate a September 23, 2013 hand written progress report given the claimant a diagnosis of lumbar stenosis, right shoulder impingement syndrome and right elbow lateral epicondylitis. Specific to the shoulder is pain constant in nature with diffuse overhead reaching. It states the recent care has included heat and topical over the counter medications. The examination showed 100 degrees of forward flexion and 90 degrees of abduction with 4/5 rotator cuff strength. The claimant was diagnosed with impingement syndrome and the recommendation was for twelve sessions of physical therapy to improve range of motion as the claimant was hesitant to proceed with a corticosteroid injection. The clinical imaging includes a right shoulder arthrogram September 4, 2013 that shows postsurgical changes to the distal clavicle and acromion with supraspinatus tendinosis. It is unclear when the prior surgical process to the shoulder took place.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK TIMES 4 WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the CA MTUS Guidelines Physical Therapy to the shoulder times twelve sessions would not be indicated. In the chronic setting acute physical therapy is recommended for up to nine to ten sessions for myalgia or myositis. It is unclear when the claimant's surgical process took place. There continues to be symptoms the request for twelve sessions of therapy would exceed the guidelines criteria for therapy in the chronic setting and is not supported.