

Case Number:	CM13-0046999		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2011
Decision Date:	05/09/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation 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 patient is a 49-year-old male who reported an injury on 01/27/2011 due to a twisting motion that reportedly caused injury to the right arm and cervical spine. Previous treatments included physical therapy, surgical intervention, and postsurgical physical therapy. The patient's most recent clinical examination findings included continued neck and right shoulder pain complaints with full range of motion of the bilateral shoulders, and tenderness to palpation to the right trapezius and the insertion site of the rotator cuff. The patient's treatment plan included use of a home traction unit, H-wave therapy, and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS TO THE RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The requested physical therapy 2 times a week for 6 weeks to the right shoulder is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends up to 24 visits in the postsurgical management of Final Determination

Letter for IMR Case Number [REDACTED] impingement syndrome. The clinical documentation submitted for review does indicate that the patient previously has had physical therapy. However, the duration of the previous treatment was not clearly identified with the medical documentation. As the patient is participating in a home exercise program, the need to extend treatment beyond guideline recommendations is not clearly supported. As such, the requested physical therapy 2 times a week for 6 weeks to the right shoulder is not medically necessary or appropriate.