

Case Number:	CM13-0049397		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2013
Decision Date:	02/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 has a subspecialty in Pain Management 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:

This is the patient with a date of injury of May 23, 2013. A utilization review determination dated October 18, 2013 recommends noncertification of physical therapy for the right shoulder. A progress report dated September 24, 2013 indicates that the patient was injured during a slip and fall. The patient was placed on modified duty, had undergone physical therapy, and attempted to work. The note indicates that she was unable to tolerate work 8 hours per day and has been off work for about 2 weeks. Currently, the patient has increased pain in her right shoulder worse with elevating the right arm and repetitive motions. Physical examination identifies full range of motion with increased pain in the shoulder with resistance. She has tenderness to palpation, "over the right impingement point." Diagnosis states right rotator cuff tendinitis. The treatment plan recommends physical therapy. A progress report dated September 3, 2013 indicates that the patient is doing a home exercise program. Physical therapy progress notes indicate that the patient has had at least 8 sessions of physical therapy. A progress report dated August 14, 2013 indicates that the patient has, "improved flexibility and improved strength about the right shoulder." The note also indicates that she continues to have trouble with chopping hard items like carrots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines, and Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 10 visits over 8 weeks for the treatment of a sprained rotator cuff or rotator cuff syndrome/impingement syndrome. Within the documentation available for review, there is no indication of any specific objective functional improvement from the therapy already provided and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, the currently requested additional physical therapy would exceed the maximum number recommended by guidelines. In the absence of clarity regarding those issues, the current request for additional physical therapy is not medically necessary.