

Case Number:	CM13-0049481		
Date Assigned:	12/27/2013	Date of Injury:	06/11/2011
Decision Date:	02/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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 a female patient with a date of injury of 6/11/11. A utilization review determination dated 10/31/13 recommends non-certification of physical therapy. A progress report dated 10/9/13 identifies subjective complaints including right shoulder pain 6-7/10. Objective examination findings identify a well healed arthroscopic portal on the right shoulder. Diagnoses include s/p right shoulder arthroscopic rotator cuff repair and biceps release. Treatment plan recommends PT (physical therapy) 2 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy, three times per week for six weeks, to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Regarding the request for physical therapy, 3 x 6, right shoulder, the Chronic Pain Medical Treatment Guidelines cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of a

history of surgery and completion of postoperative PT (physical therapy). Recently, the documentation notes some pain, but no significant functional deficits are documented. There is no documentation as to why any functional deficits that may be present cannot be addressed by active participation in an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the Chronic Pain Medical Treatment Guidelines supports only up to 10 PT sessions for this injury. The request for physical therapy, three times per week for six weeks, to the right shoulder, is not medically necessary or appropriate.