

Case Number:	CM13-0050124		
Date Assigned:	12/27/2013	Date of Injury:	01/16/2013
Decision Date:	03/17/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/09/2013

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 is licensed to practice in Texas and Oklahoma. 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 53 year old male who reported an injury on 09/21/2012. The patient is diagnosed with right shoulder derangement, right rotator cuff strain, and status post right shoulder surgery. The patient was recently evaluated by [REDACTED] on 11/13/2013. The patient reported 9/10 upper extremity pain. The patient has completed 24 sessions of physical therapy. Physical examination revealed 4/5 strength, and decreased range of motion of the right shoulder. Treatment recommendations included continuation of current medication and continuation of physical therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical 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), Shoulder Chapter, Physical Therapy.

Decision rationale: 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. As per the documentation submitted, the patient underwent right shoulder subacromial decompression on 07/25/2013. The patient has completed 24 sessions of physical therapy to date. Despite ongoing treatment, the patient continues to report 9/10 right upper extremity pain with weakness, numbness, giving way, and grinding. The patient's physical examination continues to reveal diminished strength and decreased range of motion. The latest physical therapy treatment note was submitted on 10/11/2013 following the patient's completion in 24 sessions of physical therapy. It is noted that the patient gave very minimal effort, exhibited exaggerated pain behaviors and was non-compliant with his home exercise program. No further treatment appeared to be indicated at that time. Based on the clinical information received, the request for additional physical therapy is non-certified.