

Case Number:	CM13-0052118		
Date Assigned:	12/27/2013	Date of Injury:	07/19/1999
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 & 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 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 reported an injury on 07/19/1999. The mechanism of injury is not specifically stated. The patient is diagnosed with right shoulder tendonitis, bursitis, impingement, and moderate to severe supraspinatus tendinopathy. The patient was seen by [REDACTED] on 10/21/2013. The patient reported ongoing pain and stiffness in the right shoulder. Physical examination revealed tenderness to palpation, positive impingement testing, and diminished range of motion. It is noted that the patient has completed 14 physical therapy sessions to date. Treatment recommendations included additional physical therapy twice per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Shoulder Procedure Summary

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 a philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Official Disability Guidelines state physical therapy treatment for impingement syndrome includes 10 visits over 8 weeks. The patient has exceeded guideline recommendations by completing 14 sessions of physical therapy to date. Documentation of the previous course of physical therapy with treatment efficacy was not provided for review. Therefore, ongoing therapy cannot be determined as medically appropriate. Based on the clinical information received the request is non-certified.