MAXIMUS Federal Services

Case Number:	CM13-0052899		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2012
Decision Date:	03/10/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 56-year-old male with an 11/8/12 date of injury. At the time of request for authorization for additional physical therapy, there is documentation of subjective (right shoulder pain) and objective (shoulder forward flexion at 130 degrees, abduction at 120 degrees, extension at 40 degrees, internal/external rotation at 35 degrees; positive Neer's and Beer scratch test) findings, current diagnoses (right shoulder impingement and partial thickness rotator cuff tear), and treatment to date (19 previous physical therapy treatments). In addition, there is documentation of a request for 10 (2 times per week for 5 weeks) sessions of right shoulder physical therapy. Physical therapy sessions completed exceeds guidelines. In addition, there is no documentation of objective improvement with previous treatment and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114 and Official Disability Guidelines (ODG) Shoulder, Physical Therapy (PT).

Decision rationale: MTUS reference to ACOEM identifies documentation of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of physical therapy. ODG recommends a limited course of physical therapy for patients with a diagnosis of rotator cuff syndrome/impingement syndrome not to exceed 10 sessions over 8 weeks and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement and partial thickness rotator cuff tear; 19 physical therapy sessions completed to date, which exceeds guidelines; functional deficits; and functional goals. In addition, there is no documentation of objective improvement with previous treatment and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request for physical therapy is not medically necessary.