

Case Number:	CM13-0053572		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2010
Decision Date:	06/19/2014	UR Denial Date:	11/01/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 is a 46 year-old female who was injured on 7/1/2010. She has been diagnosed with pain in joint-shoulder; subacromial impingement syndrome; A/C joint osteoarthritis. According to [REDACTED], on 10/15/13, the patient had 6/10 left shoulder pain, improved since the prior orthopedic visit with a injection and PT in the interim. The plan was to continue the current prescription of PT and transition to a home exercise program. On 11/1/13, UR recommended non-certification for PT x12 for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE RIGHT SHOULDER, TWELVE SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pg 98-9 of 127, : Physical Medicine Recommende.

Decision rationale: The employee presents with left shoulder pain and has had improvement with a recent injection and 12 PT sessions. I have been asked to review for PT x12 for the opposite shoulder (right-shoulder). The employee has had right shoulder surgery in 2012.

There are no current complaints of right shoulder pain or loss of function. MTUS allows for 8-10 sessions of PT for various myalgias and neuralgias. The request for PT x12 for the right shoulder, will exceed the MTUS guidelines, and does not appear necessary as the employee is reported to be symptomatic on the left-side.