

Case Number:	CM13-0054446		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2012
Decision Date:	03/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 Illinois. 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 57-year-old male who reported an injury on 02/09/2012. The mechanism of injury was stated to be the patient was walking away from a backhoe truck when he was hit in the low back region by the scoop arm of the backhoe. The patient was noted to undergo a left wrist TFCC repair on 11/15/2012. The patient was noted to undergo an acromioplasty, Mumford procedure, lysis of adhesions, subacromial bursectomy, partial synovectomy and removal of loose bodies on the right shoulder on 07/18/2013. The patient was noted to be taking Norco 10/325 two tabs twice a day. The patient was noted to have a lot of pain in his right shoulder. The diagnoses were noted to be right shoulder impingement syndrome, long term use of medications, and status post right shoulder arthroscopy on 07/18/2013. The request was made to extend authorized postop physical therapy and for the patient to have a urine medication test.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 8 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Guidelines indicate that the treatment for rotator cuff syndrome/impingement syndrome is 24 visits of therapy. There was a lack of

documentation indicating the quantity of visits the patient has participated in to the date of the request. The patient indicated that the pain was 4/10 to 5/10 all the time, especially when lifting the arm. The physical therapy was noted to increase the patient's ADLs, strength and range of motion, and patient was noted to be weaning off Norco. The patient was noted to have tenderness to palpation at the AC joint, flexion was 110 degrees, extension 45 degrees, internal rotation 50 degrees, and abduction 100 degrees. The request as submitted failed to indicate the body part for the physical therapy and failed to indicate the patient's objective functional gains. There was a lack of documentation indicating functional deficits to support ongoing therapy. Given the above, the request for 8 sessions of physical therapy is not medically necessary.