

Case Number:	CM13-0057778		
Date Assigned:	12/30/2013	Date of Injury:	03/19/2010
Decision Date:	04/14/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 claimant is a 59-year-old female who injured her right shoulder in a work related accident on March 19, 2010. The clinical records provided for review included an assessment dated October 22, 2013 that noted the claimant was status post a right shoulder surgical procedure on October 15, 2010; however, specifics of the procedure are unclear. The assessment documented that the claimant on October 22, 2013 had complaints of bilateral shoulder pain; the right shoulder was described as a shooting pain to the chest wall. Objectively, there was documented tenderness to palpation of the cervical spine as well as right shoulder with diminished range of motion. The claimant was diagnosed with osteoarthritis and infraspinatus tendinosis, status post rotator cuff surgery. Recommendation was for continuation of physical therapy for eight additional sessions. No clinical imaging reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT SHOULDER (8 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, eight sessions of formal therapy for the shoulder would not be indicated. The claimant is documented to be greater than three years following surgery and there is limited documentation of recent treatment in regards to the shoulder. Physical examination findings demonstrated no apparent functional deficit or functional abnormality that would indicate why formal physical therapy would be necessary at this stage in the claimant chronic course of treatment and why transition to an aggressive home exercise program would not be more appropriate. The specific request for the therapy in question is not recommended.