

Case Number:	CM13-0059273		
Date Assigned:	12/30/2013	Date of Injury:	05/20/2010
Decision Date:	05/19/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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:

This is a 63-year-old who sustained an injury to the right shoulder and neck in a work related accident on May 20, 2010. The medical records for review pertaining to the shoulder identified a clinical assessment on September 12, 2013 for orthopedic follow up noting that symptoms remained the same. Examination findings documented equal and symmetrical strength with 4/5 to the right and 5/5 to the left in all dermatomal muscle groups globally. There was diminished right sided grip strength compared to the left. The shoulder examination showed restricted range of motion on flexion and extension, negative impingement testing and "good" interval rotator cuff strength. Formal diagnosis was not provided for the claimant at that time. There was a request for continuation of formal physical therapy for 12 additional sessions. The documentation indicated that a significant course of physical therapy had been provided to the claimant. No formal imaging reports of the claimant's shoulder were included in the records but the claimant was noted to be status post shoulder subacromial decompression that took place in June 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY FOR THE RIGHT SHOULDER, THREE TIMES PER WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support the need for twelve additional sessions of physical therapy. This individual is nearly two years following surgical decompression. There is no documentation of recent imaging reports, clinical exam findings, current diagnosis or other forms of conservative care to support the need for physical therapy. The medical records do not indicate why this claimant would not be capable of transitioning to a home exercise program at this chronic stage in the claimant's course of care. The Chronic Pain Medical Treatment Guidelines, in this setting, only recommend up to nine to ten sessions of therapy for acute exacerbation of chronic symptoms. It is not clear that the claimant is experiencing a flare of symptoms to support formal therapy. The request for outpatient physical therapy for the right shoulder, three times per week for four weeks, is not medically necessary or appropriate.