

Case Number:	CM13-0060389		
Date Assigned:	06/09/2014	Date of Injury:	11/02/2011
Decision Date:	08/04/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 11/02/2011. The mechanism of the patient's injury is a slip and fall. The patient's treating diagnoses include bilateral shoulder adhesive capsulitis and bilateral shoulder bursitis/tendinitis. This patient is status post right shoulder surgery of 03/13/2013. This specific operative report is not available, although the medical records discuss a rotator cuff injury. On 11/06/2013, a treating physician followup note discusses the patient's ongoing symptoms of cervical pain, thoracic spine pain, lumbar spine pain, headache, bilateral shoulder pain, and bilateral hip pain. I note the medical records additionally discuss the diagnosis of fibromyalgia, although it is not clear that this is an industrial injury. At the time of the followup of 11/06/2013, the patient's treating physician noted that the patient had begun postoperative therapy but only completed 3-4 sessions. The patient was noted to have globally limited range of motion in multiple directions of the right shoulder. The treating physician referenced postoperative treatment guidelines for rotator cuff syndrome and recommended 21 remaining visits, noting that the postsurgical treatment calls for 24 visits and that the patient had attended 3 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 21 Visits For The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The Post-Surgical Treatment Guidelines Section 24.3 states that the initial course of therapy means 1/2 of the number of visits specified in the general course of therapy. If the treatment guidelines therefore in this case recommend 24 physical therapy overall, then the guidelines would recommend at most 12 visits at any one time with physician reassessment to determine the need for additional physical therapy beyond that. The medical records and guidelines do not support an indication for 21 physical therapy visits as part of one treatment request as currently has been done. This request is not medically necessary.