

Case Number:	CM13-0060666		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2009
Decision Date:	04/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 54 year old male with a date of injury of 05/28/2009. The listed diagnosis per [REDACTED] dated 11/13/2013 is bilateral shoulder pain consistent with acromioclavicular arthrosis and partial degenerative rotator cuff tears. According to a report dated 11/13/2013, the patient presents with "significant bilateral shoulder pain and other constitutional and mechanical symptoms." Examination of the shoulder reveals he has elevation of the shoulders to 140 degrees overhead and excellent rotator cuff strength against resistance, abduction and external rotation bilaterally. There was some tenderness noted to deep palpation over the acromioclavicular joint on both sides. MRI of both shoulders was reviewed on this date and confirms acromioclavicular arthrosis and heterogeneity of the supraspinatus and infraspinatus tendons but without compromise at their insertion onto the foot. The treater is requesting 3 x 4 physical therapy sessions for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x4 bilateral shoulder pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient presents with continued bilateral shoulder pain. The treater is requesting 12 physical therapy sessions for the bilateral shoulder pain and states, "he has not had" physical therapy. For physical medicine, the MTUS Chronic Pain Guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis type symptoms. In this case, a short course of physical therapy sessions may be warranted for the patient's stiffness and decrease in range of motion. However, the requested 12 sessions exceeds what is recommended by the MTUS Chronic Pain Guidelines. Consequently, the request is not medically necessary and appropriate.