

Case Number:	CM13-0062854		
Date Assigned:	12/30/2013	Date of Injury:	01/09/2007
Decision Date:	03/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedics 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:

This is a 58 year old female with date of injury 1/9/07. The patient's chief complaint is right shoulder pain and the patient has been treated conservatively and has had temporary relief from subacromial space Kenalog and Marcaine injections. Exam notes from 7/8/13 demonstrates 10-15% decreased PROM pain at the endpoint, painful arc of motion. MRI of right shoulder from 5/31/13 shows distal supraspinatus and infraspinatus tendinosis with probable bursa surface partial thickness tear supraspinatus tendon. A.C. joint degenerative changes with inferiorly directed AC spurs indenting the musculotendinous junction of the supraspinatus tendon. No rotator cuff musculature atrophy. Exam note from 11/13/13 demonstrates patient had right shoulder arthroscopy on 8/27/13, has had 18 PT visits, and takes ibuprofen, Physical exam demonstrates right shoulder has 150 degrees active for flexion, 130 degrees of abduction. There is a 5 degrees internal rotation contracture. Rotator cuff testing is 5/5. The request is for physical therapy of right shoulder, 2 x a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions two (2) times a week for six (6) weeks to the right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Per the CA MTUS Postsurgical Treatment Guidelines, the request is non-certified. In this case there is insufficient evidence in the records to support further visits as the treatment request is outside the guidelines for postsurgical treatment. Therefore the determination is for non-certification.