MAXIMUS Federal Services

Case Number:	CM13-0063236		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2011
Decision Date:	05/16/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 45-year-old male who reported an injury on 11/18/2011 after reportedly injuring himself while carrying wood. An unofficial MRI of the right shoulder revealed edema with rotator interval and mild to moderate degenerative changes of the AC joint. The patient had undergone an evaluation on 04/25/2012 and it was found he was not a surgical candidate at that time. The patient was considered permanent and stationary as of 05/03/2013 with 0% WPI. As of 11/15/2013, the patient had been off work due to low back injury from 02/2013. The patient was seen on 09/24/2013 for an initial consultation. On the shoulder exam, range of motion was noted to be 50 degrees extension, flexion of 175 degrees, abduction 175 degrees, adduction 40 degrees, internal rotation 80 degrees, and external rotation 90 degrees. The patient was most recently seen on 10/13/2014 for continued persistent right shoulder pain associated with stiffness and weakness. On the physical examination, the patient was noted to have tenderness present over the lateral margin of the shoulder directly over the bicipital groove, with some crepitus noted with active shoulder motion. There was also tenderness present over the rhomboid major, with Hawkin's and Neer signs positive, and noted right shoulder impingement syndrome.

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 THREE TIMES FOUR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), 2013, Shoulder, Physical Therapy. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment

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

Decision rationale: Regarding the request for physical therapy for the right shoulder 3 times 4, according to California MTUS Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In the case of this patient, the documentation indicates the patient has undergone previous physical therapy sessions. However, the most current documentation does not provide any quantitative measurements pertaining to the patient's range of motion or any functional deficits that may necessitate further outpatient physical therapy at this time. The patient is recommended to continue with active therapies at home, as an additional 12 sessions exceed maximum allowance per physical therapy guidelines under California MTUS.