

Case Number:	CM13-0063588		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2012
Decision Date:	05/30/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Pain Medicine 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 patient is a 47 year old male who was injured on 11/01/2013, Mechanism of injury is unknown. Prior treatment history includes the patient is receiving physical therapy, but there is no information about his diagnosis, duration of physical therapy that he has received or the number of sessions. Progress note dated 11/01/2013 documents the patient has a lateral subdeltoid ache at times but feels his range of motion is nearly fully recovered. Objective findings on exam reveal nearly normal scapulothoracic rhythm. He lacks about 10-15 degrees of external rotation in an abducted position and the same for his internal rotation. He had some cuff problems last time and I think this may be his pain generator currently.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES EIGHT (8) SESSIONS FOR THE RIGHT SHOULDER:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES (SHOULDER).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT, IMPINGEMENT SYNDROME, 27.

Decision rationale: According to California MTUS guidelines; Physical therapy (PT) is recommended as post-surgical treatment for impingement syndrome as 24 visits over 14 weeks. The medical records do not document the number of visits or the duration of treatment the patient had with physical therapy. Therefore, the request for Physical therapy 8 sessions for the right shoulder is not medically necessary and appropriate.