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| Case Number: | CM13-0065465 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/24/2013 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 12/06/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 63-year-old male with a date of injury of 01/24/2013. The patient has a diagnosis of right shoulder impingement with AC joint arthrosis. She was seen on 09/25/2013 for a office visit. It was noted that the patient complains of pain, no pain assessment completed as far as numerical intensity of. The only other thing noted is objective physician noted patient exhibits impaired activities of daily living, recommending physical therapy and/or exercise, medications, clinical trial of TENS. There is no documentation of the medications the patient is on, conservative care that the physician is currently trying with the patient as far as medications, request for physical therapy, it is not noted whether this is the original request or if this is a continuation of therapy that was already started.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times three for the bilateral shoulders---denied by physician advisor:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

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

Decision rationale: This request is non-certified. The patient is a 63-year-old male with a diagnosis of right shoulder impingement with Acromioclavicular joint arthrosis. The most recent physician note was 09/25/2013 when the physician noted the patient does complain of pain, patient exhibits impaired activities of daily living. The California Guidelines do recommend physical medicine for patients for myalgia, myositis, unspecified 9 - 10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified 8 - 10 visits over 4 weeks. The documentation provided there was a physical therapy daily note from 01/24/2013 that the patient was already receiving therapy for pain in joint shoulder, did not state how many sessions of physical therapy the patient has already had. It did note the patient's pain level was 3/10. It noted the patient was able to perform exercises with difficulty due to pain, progress towards goal is fair and tolerance to treatment is fair. The office note dated 09/25/2013, which is the most recent note, stated the patient was seen there for complaint of pain, patient exhibits impaired activities of daily living. There is no documentation to know how many sessions of physical therapy the patient has already attended and/or the effectiveness of the therapy. Also noted along with the rest of conservative care, there is no notation as far as medications the patient is taking for pain, complete pain assessment noted on the office note and/or if the pain medication along with physical therapy has been effective. Therefore, the request is non-certified.