

Case Number:	CM13-0069737		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2011
Decision Date:	05/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation 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 elected 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 injured worker is a 37 year old female who reported an injury on 03/23/2011. She had a physical evaluation on 09/06/2013 with complaint of pain in the neck and right shoulder. She has a history of rotator cuff tear of the right shoulder and arthroscopic surgery in 2012. She had been taking NSAIDS and gabapentin for pain. On palpation of the right shoulder, there was tenderness noted over the SC joint, AC joint, supraspinatus and greater tuberosity. Right shoulder range of motion was 140 degrees abduction, 130 degrees forward flexion, 30 degrees internal rotation, 40 degrees external rotation, and 20 degrees shoulder adduction. The injured worker was encouraged to stay active, attend physical therapy and use home ultrasound stimulator. The documents submitted for review do not include a request for authorization for medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 24 SESSIONS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The injured worker had some findings of limited range of motion with the right shoulder and is status post right shoulder arthroscopy with post operative physical therapy and chiropractic visits followed by a home exercise with a home ultrasound stimulator. The MTUS chronic pain medical treatment guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guideline also recommend up to 10 sessions of therapy for the injured worker's condition. The request for 24 visits exceeds guidelines. In addition, the information submitted for review fail to document how many visits of physical therapy have been used to date. Therefore, the request is not medically necessary.