

Case Number:	CM14-0006094		
Date Assigned:	03/03/2014	Date of Injury:	07/14/2012
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 and is licensed to practice in Minnesota. 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 injured worker is a 78-year-old male who reported an injury on 07/14/2012. The mechanism of injury was not stated. Current diagnosis is bilateral shoulder bursitis/tendonitis with large right shoulder rotator cuff tear. The injured worker was evaluated on 10/23/2013. The injured worker reported bilateral shoulder pain with limited shoulder range of motion. The injured worker has received authorization to undergo physical therapy. Physical examination revealed 90-degree abduction, 90-degree forward flexion, 20-degree extension, 15-degree adduction, painful range of motion with spasm, decreased strength on the right, and bilateral shoulder tenderness at the anterior glenohumeral and subacromial region. Treatment recommendations at that time included authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY FOR THE SHOULDERS QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Official Disability Guidelines state physical medicine treatment for rotator cuff syndrome includes 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds Guideline recommendations. It is unclear whether the patient has completed a previous course of physical therapy. Based on the clinical information received, the request is non-certified.