

Case Number:	CM14-0009215		
Date Assigned:	02/14/2014	Date of Injury:	04/04/2013
Decision Date:	07/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational 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 42-year-old male who has submitted a claim for persistent right shoulder pain status post right shoulder rotator cuff strain, right shoulder posttraumatic subacromial bursitis, right shoulder subacromial impingement syndrome and right biceps strain associated with an industrial injury date of April 4, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent shoulder discomfort described as burning in character localized in the lateral acromial region. On physical examination, there was no acromioclavicular tenderness or deformity. There was discomfort localized to the subacromial region. Right shoulder ROM was moderately reduced with forward flexion and abduction to 135 degrees, external rotation to 50 degrees, with 5/5 strength. Treatment to date has included medications, steroid injections, and physical therapy. Utilization review from January 10, 2014 modified the request for 3 physical therapy sessions per week for 4 weeks to 10 visits over 3-4 weeks because the patient's condition is now considered a chronic problem as he has not had physical therapy in almost 4 months and it has been 9 months since the DOI. Another course of physical therapy is medically reasonable in an effort to avoid operative

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. 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 addition, MTUS 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. In this case, the request made was for a course of physical therapy, 3 times per week for 4 weeks. The patient however has already completed 22 sessions of physical therapy following the date of injury. Medical records reported no diminution in pain and no improvement in range of motion following the physical therapy sessions. Furthermore, the patient should now be transitioned to a home exercise program. Therefore the request for physical therapy three times a week for four weeks for right shoulder is not medically necessary.