

Case Number:	CM14-0012232		
Date Assigned:	02/21/2014	Date of Injury:	07/08/2011
Decision Date:	07/28/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 46-year-old female who has submitted a claim for right shoulder impingement syndrome status post right rotator cuff repair associated with an industrial injury date of 07/08/2011. The medical records from 02/26/2013 to 12/26/2013 were reviewed and showed that patient complained of right shoulder pain (pain grading not specified). Physical examination revealed well-healed surgical incisions about the right shoulder. Active shoulder flexion and abduction was demonstrated. Limited shoulder internal rotation and external rotation was still noted. Sensation to light touch is intact in the digits of the right hand. Treatment to date has included right shoulder surgery 07/11/2013, physical therapy, home exercise program, Naprosyn, Naproxen, Norco, and Flexeril. A utilization review, dated 01/03/2014, denied the request for eight visits of physical therapy at two times a week for four weeks to the right shoulder because there were no exceptional factors presented in this case to indicate continued progress, lack of plateau, and further expectation of significant functional gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X PER WEEK FOR 4 WEEKS TO RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: According to pages 98-99 of the CA 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. Physical medicine 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 patient has completed undocumented visits of post-operative physical therapy. The most recent progress report documented that patient's right shoulder has improved. The patient is expected to continue independent HEP to maintain improvement levels. It is unclear as to why additional supervised physical therapy sessions are needed. Therefore, the request for **ADDITIONAL PHYSICAL THERAPY (PT) TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT SHOULDER** is not medically necessary.