

Case Number:	CM14-0128834		
Date Assigned:	08/18/2014	Date of Injury:	07/16/2012
Decision Date:	10/15/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 58-year-old female with an injury date on 07/16/2012. Based on the 06/24/2014 progress report provided by the treating physician, the patient complains of significant bilateral shoulder pain, the right shoulder worse than the left. The patient reports that the pain radiates to the neck and upper arm, with tingling in all fingers, and night pain. The progress report provided does not discuss any positive exam findings. The diagnoses include the following Rotator cuff tear and Pain in shoulder. The treating physician is requesting for physical therapy 2 times a week for 6 weeks for bilateral shoulders. The treating physician is the requesting provider, and he provided treatment reports from 02/24/2014 to 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for 6 weeks for bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 06/24/2014 report by [REDACTED], this patient presents with significant bilateral shoulder pain, the right shoulder worse than the left. The treater is requesting for physical therapy 2 times a week for 6 weeks for her bilateral shoulders. MTUS post-surgical guidelines for rotator cuff syndrome/impingement syndrome recommend 24 visits over 14 weeks. The utilization review denial letter states that the patient has already been authorized 36 session of physical therapy. The 06/24/2014 report indicates that the patient completed her physical therapy on 06/18/2014 with some progress and continues to perform home exercises. Therapy reports provided show that the patient had 6 sessions of therapy from 04/23/14 to 05/22/14. In this case, the patient has had more than adequate amount of therapy authorized following shoulder surgery. The treater does not discuss why more therapy is needed. The patient should be well-versed with home exercise program by now. Current request exceeds what is allowed per MTUS guidelines for post-operative therapy. Recommendation is for denial.