

Case Number:	CM14-0156487		
Date Assigned:	09/25/2014	Date of Injury:	08/27/2009
Decision Date:	12/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 55 year-old male with date of injury on 08/27/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/10/2014, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed painful range of motion which was restricted in all planes. Trigger point was noted on the right trapezius. An MRI of the left shoulder performed on 02/18/2013 was notable for mild tendinosis of the supraspinatus tendon with mild fraying along the bursal surface; however, there was no high grade tear or tendon retraction. Diagnosis: 1. Medical epicondylitis, left elbow, status post PRP injection 2. Impingement syndrome/rotator cuff tendinitis, left shoulder and, 3. Impingement syndrome, right shoulder, secondary to prominent acromion and acromioclavicular arthritis. The patient has completed 18 sessions of physical therapy to date. The original reviewer modified physical therapy request from 12 sessions to 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Times 12 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical Therapy Times 12 to the right shoulder is not medically necessary.