

Case Number:	CM14-0180656		
Date Assigned:	11/05/2014	Date of Injury:	02/03/2013
Decision Date:	12/11/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 & Rehabilitation, has a subspecialty in Pain Management, 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:

This is a male patient with the date of injury of February 3, 2013. A Utilization Review dated October 23, 2014 recommended modification of physical therapy 3xwk x 6wks right shoulder to physical therapy 3xwk x 4wks right shoulder. A Progress Report dated October 9, 2014 identifies Subjective Complaints of right shoulder pain, post op on right shoulder. Objective Findings identify positive impingement sign and decreased range of motion. Diagnoses identify arthritis traumatic, synovitis shoulder, and partial tear of rotator cuff. Treatment Plan identifies start PT.

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 six weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 27.

Decision rationale: Regarding the request for physical therapy three times a week for six weeks for the right shoulder, California MTUS supports up to 24 sessions after shoulder surgery, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed.

Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS for an initial course and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy three times a week for six weeks for the right shoulder is not medically necessary.