

Case Number:	CM14-0021510		
Date Assigned:	05/12/2014	Date of Injury:	11/01/2009
Decision Date:	07/10/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 70-year-old male who reported a lifting injury on 11/01/2009. The diagnoses include right rotator cuff tendinitis and impingement syndrome. Within the case notes, it was revealed that the injured worker has compiled previous treatment consisting of medication, assistive device for ambulation, a home exercise program, acupuncture therapy, and physical therapy. On 03/19/2013, the patient was authorized with 12 sessions of physical therapy for the lumbar spine and right shoulder, after which it was reported that the injured worker had continued with right shoulder pain and was unable to "do too much." Within the clinical note dated 09/24/2013, the physical exam revealed the right shoulder had an active range of motion to flexion 130 degrees, abduction 120 degrees, extension 40 degrees, external rotation 45 degrees, internal rotation 30 degrees, and adduction 20 degrees. The neurological examination of the upper bilateral extremities revealed unremarkable findings. The treatment plan included additional physical therapy to improve the injured worker's strength; however, the request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The request for 8 physical therapy visits for the right shoulder is not medically necessary. The Guidelines recommend physical therapy in the presence of documented functional deficits in an effort to increase physical mobility and promote functional gains. Furthermore, the guidelines outline, for myalgia and myositis, 9 sessions to 10 sessions over 8 weeks is supported. Within the case notes provided, it was noted that the injured worker had been approved for 12 sessions of physical therapy; however, the outcome of the therapy, in the form of objective functional gains made, was not adequately documented. In addition, the documentation does not show any current functional deficits. As such, the request is not medically necessary.