

Case Number:	CM14-0033678		
Date Assigned:	03/21/2014	Date of Injury:	07/30/2007
Decision Date:	06/09/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 60 year old female whose date of injury is 07/30/2007. The mechanism of injury is described as carrying a child when he was throwing a tantrum. The patient underwent right shoulder rotator cuff repair on 02/11/08. Qualified medical re-evaluation dated 03/07/13 indicates that the patient has continued to work her usual and customary work duties. She states that she completed 18 acupuncture sessions which helped temporarily to relieve her symptoms. Diagnostic impression notes cervical spine spondylosis, status post open rotator cuff repair and decompression, right shoulder; subacromial impingement syndrome left shoulder; and medial and lateral meniscal tear right knee. It is noted that the patient's condition has reached maximum medical improvement. The most recent report submitted for review is dated 08/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS, TO 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 Manual Therapy And Manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for PT 2 x 4 to the right shoulder is not recommended as medically necessary. It is unclear how many sessions of physical therapy the patient has completed to date, and the patient's objective functional response to prior therapy is not documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. California MTUS guidelines support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. The patient's compliance with an active home exercise program is not documented.