

Case Number:	CM14-0035301		
Date Assigned:	06/23/2014	Date of Injury:	05/04/1999
Decision Date:	07/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/21/2014

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 Therapy, 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 77 year-old female with a 5/4/1999 date of injury. She has been diagnosed with complete rupture of rotator cuff; and unspecified disorder of bursae and tendons in the shoulder region. According to the 3/4/13 report from [REDACTED] the patient presents for follow-up for right shoulder pain. The patient has a history of two prior rotator cuff repairs on this shoulder (right-side). She also has left shoulder problems from compensation. She wanted to go over the MRI and get a cortisone injection and hold off on any surgical procedures. There is a 2/25/14 MRI of the right shoulder showing moderately distended bursae suggestive of adhesive capsulitis, atrophy of the SST and IFT and subscapularis with full thickness tear at the SST at the insertion. 12 sessions of PT were requested. On 3/14/14 UR modified the request to allow 10 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The MTUS recommends 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient has had two surgeries to the right shoulder, but there are no reports of any surgeries within the past 6-months. The request for 12 sessions will exceed the MTUS recommendations. Therefore, the request for 12 physical therapy sessions is not medically necessary and appropriate.