

Case Number:	CM14-0037887		
Date Assigned:	06/25/2014	Date of Injury:	02/29/2012
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 38-year-old male with a date of injury of 02/29/2012. The listed diagnoses per [REDACTED] are: 1. Status post right shoulder arthroscopic rotator cuff repair, on 08/26/2013; 2. Cervical spine sprain/strain. According to progress report 01/28/2014, the patient presents for follow up of his right shoulder and neck complaints. Treater notes the patient has completed 20 sessions of physical therapy for the shoulder and 5 out of 8 sessions for the neck. Physical therapy sessions have increased ROM, but no pain relief. Patient had positive pain with active range of motion with the right shoulder and 4/5 right flexion-abduction strength. The treater is recommending physical therapy for the right shoulder to be continued 2 times a week for 4 to 5 weeks and recommends advancing exercises as tolerated. Utilization review denied the request on 03/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for four weeks #8: 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 Page(s): 98,99.

Decision rationale: The patient presents with continued right shoulder and neck pain. He is status post right shoulder arthroscopic rotator cuff repair on 09/26/2013. On 01/28/2014, the treating physician noted the patient has an increase of ROM, but no pain relief from physical therapy treatment. The treating physician reports that patient has completed 20 sessions for the shoulder and recommends continuing physical therapy 2 times a week for 4 to 5 weeks. Physical therapy progress note from 01/30/2014 indicates cumulative total is 60 visits. This report does go on to state "pain levels are the same" and overall progress was noted to be "slower than expected." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. In this case, the patient has had ample physical therapy and should now be able to participate in a self-directed home exercise program. Therefore, the request for physical therapy twice a week for four weeks, # 8 is not medically necessary and appropriate.