

Case Number:	CM14-0038743		
Date Assigned:	06/27/2014	Date of Injury:	11/03/2011
Decision Date:	08/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 67 year old with an injury date on 11/3/11. Patient complains of right shoulder pain due to a fall injury, a supraspinatus tear with impingement per 2/20/14 report. Patient had rotator cuff surgery, post-surgical therapy, and has returned to work but still has limited range of motion and pain in right shoulder per 2/20/14 report. She has difficulty abducting and internally rotating her right arm, and cannot touch the back of her head with right dominant hand per 2/20/14 report. Based on the 2/20/14 progress report provided by [REDACTED] the diagnosis is right shoulder pain. Exam on 2/20/14 showed Palpation anteriorly and posteriorly elicited pain. Range of motion limited with flexion to 110 degrees, abduction to 110 degrees, internal rotation to 50 degrees, external rotation to 70 degrees. Muscular strength 4/5 to flexors, abductors, external rotators, and internal rotators. Yergason test is positive. Speed's test is negative. Impingement sign is positive. Neurological: intact to light touch and pinprick in all dermatomes of upper extremities. [REDACTED] is requesting physical therapy 2x3 right shoulder. The utilization review determination being challenged is dated 3/18/14 and rejects request as patient had 32 postoperative physical therapy and work hardening sessions, with no evidence to suggest additional treatment is needed. [REDACTED] is the requesting provider, and he provided a single treatment report from 2/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 right shoulder: Overturned

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, MTUS pg. 98, 99.

Decision rationale: This patient presents with right shoulder pain and is s/p right shoulder rotator cuff repair with acromioplasty and Mumford procedure from 4/30/11. The treater has asked for physical therapy 2x3 right shoulder on 2/20/14 to improve range of motion and instruct in a home exercise program. Review of the report shows no recent history of physical therapy. Patient states that shoulder condition is better than before 2011 surgery. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. Considering this patient hasn't had recent physical therapy, and has continued functional deficits in her shoulder, the requested 6 sessions of physical therapy are reasonable and within MTUS guidelines. The request is medically necessary.