

Case Number:	CM14-0039636		
Date Assigned:	06/27/2014	Date of Injury:	09/12/2012
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/04/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine/Pain 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 52-year-old male who sustained an industrial injury on 9/12/12. The patient is status post right shoulder arthroscopy on 4/23/13. November 4, 2013 noted that the patient has finished with formal PT. Pain is aggravated at work. The patient was seen on 3/13/14 at which time he noted his pain can increase to 5-6/10 with actively. He had a mild tremor in this hand during forced forward flexion. He is no longer in formal physical therapy but continues with HEP. Physical examination revealed limited painful range of motion and contracture with internal rotation. The patient was diagnosed with status post right shoulder arthroscopy and corrections with recurrent impingement symptomatology and post-operative fibrosis. Request was made for a course of PT to increase range of motion. It was noted that a previous visit, the patient had been progressing with his rehabilitation; however, he was now noted to be regressing. UR dated 3/20/14 non-certified the request for additional physical therapy 2x6 for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Physical Therapy Guidelines.

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

Decision rationale: The requested physical therapy is supported. The patient has completed his formal post-operative rehab in 2013. However, at this time a short course of PT (physical therapy) with reeducation in a home exercise program is supported to address the current limited range of motion, and allow this patient to be able to continue with his work duties. Therefore, Additional Physical Therapy 2x6 is medically necessary.