

Case Number:	CM14-0086596		
Date Assigned:	07/23/2014	Date of Injury:	07/18/2012
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/10/2014

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 underlying date of injury in this case is 7/18/12. The mechanism of injury is cumulative trauma. The patient's diagnosis is a right shoulder rotator cuff tear with decreased range of motion and positive impingement signs. An MRI of the right shoulder of 6/11/14 notes that the patient was status post a tendon to bone rotator cuff repair for the supraspinatus tendon as well as a Buford complex of the anterior superior labrum. The patient was also noted to be status post a Mumford procedure. On 4/21/14, the patient's treating orthopedic physician noted the patient continued with sharp pain in her right shoulder and noted the patient had developed frozen right shoulder. The patient had 3+ impingement and had pain with range of motion. Physical therapy was requested twice a week for six weeks. This patient had completed at least 30 physical therapy sessions as of the time of a prior review on 1/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the right shoulder, 2 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines Section on Physical Medicine recommends to transition to an independent active home rehabilitation program. This patient has a complex injury to her right shoulder and has undergone extensive physical therapy of at least 30 visits. The medical records do not provide a rationale or indication as to why the patient would require additional physical therapy visits at this time rather than an independent home rehabilitation program. This request is not medically necessary.