

Case Number:	CM14-0006608		
Date Assigned:	03/03/2014	Date of Injury:	05/03/2007
Decision Date:	04/02/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injured worker is a 62 year old male, who sustained an industrial injury on 5/3/2007. The current diagnosis is rotator cuff syndrome. Currently, the injured worker complains of right shoulder pain. The physical examination of the right shoulder revealed tenderness over his anterolateral acromion and bicipital groove. Active flexion is 130 degrees and external rotation to 55 degrees. Range of motion is painful once he gets to shoulder level. Treatment to date has included 48 post-operative physical therapy sessions, steroid injections, and surgery. The treating physician is requesting 8 additional physical therapy sessions, which is now under review. On 1/8/2014, Utilization Review had non-certified a request for 8 additional physical therapy sessions. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2X4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient has attended 48 sessions of physical therapy. Progress notes made no mention as to the progress of the patient's shoulder or his response to physical therapy as it pertains to his request. The records fail to demonstrate any extenuating circumstances or lack of ability to perform a home exercise program. As such, the request for Continued Physical Therapy 2x4 weeks is not medically necessary.