

Case Number:	CM14-0206162		
Date Assigned:	12/18/2014	Date of Injury:	09/21/2012
Decision Date:	02/20/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/09/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old male with a 9/21/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 11/6/14 noted subjective complaints of right shoulder pain. Objective findings included right shoulder limited range of motion with mild impingement. Diagnostic Impression: Right shoulder rotator cuff tear, right shoulder impingement syndrome. Treatment to Date: medication management, physical therapy, home exercise. A UR decision dated 12/8/14 denied the request for additional physical therapy, right shoulder QTY: 12. He has had at least 38 physical therapy visits which is many more than recommended by the guidelines. The prior visits included teaching him on performing self addressed home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, Right Shoulder quantity 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allows for fading of treatment frequency. However, given the 2012 original date of injury, it is unclear how many prior sessions of physical therapy the patient has had. Additionally, there is no clear documentation of objective functional benefit derived from prior physical therapy sessions. Therefore, the request for additional physical therapy, right shoulder quantity: 12 are not medically necessary.