

Case Number:	CM14-0143296		
Date Assigned:	09/10/2014	Date of Injury:	05/08/2006
Decision Date:	10/30/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine & 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 66 years old male with an injury date on 05/08/2006. Based on the 08/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Right frozen shoulder 2. Work accident 3. Right Rotator cuff tear, 90% supra, partial subscap. According to this report, the patient presents with right shoulder pain with 60-80% improvement. The patient is status post right shoulder arthroscopic synovectomy, subacromial decompression and bursectomy, rotator cuff repair, biceps tenotomy, and open biceps tenodesis on 03/04/2014. Physical exam of the right shoulder reveals a well heals wound. Range of motion is slight restricted. Strength test is a 5 out of 5, impingement sign is negative. There were no other significant findings noted on this report. The utilization review denied the request on 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/29/2014 to 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Right Shoulder Physical Therapy 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine - Excessive Therapy Page(s): 98, 99, 8.

Decision rationale: According to the 08/14/2014 report by [REDACTED] this patient presents with right shoulder pain with 60-80% improvement. The patient is status post right shoulder arthroscopic synovectomy, subacromial decompression and bursectomy, rotator cuff repair, biceps tenotomy, and open biceps tenodesis on 03/04/2014. The patient is outside of post-surgical time-frame and for therapy treatments. The treater is requesting 12 session of physical therapy for the right shoulder. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show the patient has had 12 sessions of physical therapy from 04/14/2014 to 05/22/2014 with "improved PROM." The treater does not discuss the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. The request is not medically necessary.