

Case Number:	CM14-0026072		
Date Assigned:	06/13/2014	Date of Injury:	02/23/2011
Decision Date:	12/03/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 65 year old female who had a work injury dated 2/23/11. The diagnoses include massive rotator cuff tear, right shoulder, and status post-surgical subacromial decompression. Under consideration is a request for physical therapy 3 x weeks for four weeks right shoulder. There is a 1/14/14 progress note that states that this 64-year-old female has a painful condition about the right shoulder. She had a rotator cuff tear. It was a massive tear that could not be repaired in 2012. Right shoulder has a well healed surgical scar. Flexion of 160, abduction of 90 degrees, internal rotation 30', and external rotation 30'. Pain is reproduced with motion. Treatment: 1. Physical therapy with ultrasound, massage and therapeutic exercises, 3x/week x 4 weeks, right shoulder. 2. Medication - Rx written for Anaprox, Flexeril, Protonix, and Ultram. Per documentation, the patient previously underwent right shoulder subacromial decompression in 8/2012. The patient participated in PT from 2013 to 2014. A cortisone injection was given on 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X WEEK X 4 WEEKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits of PT for this condition. The patient has already exceeded this request by having 12 prior therapy visits. The patient should be well versed in a home exercise program. The documentation does not indicate significant functional improvement from prior therapy visits; therefore the request for 12 more supervised visits is not medically necessary.