

Case Number:	CM13-0007155		
Date Assigned:	09/04/2013	Date of Injury:	06/15/2012
Decision Date:	01/13/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 06/15/2012. The primary diagnosis is a shoulder sprain. Additional diagnoses include right shoulder impingement syndrome, right elbow lateral epicondylitis, and right carpal tunnel syndrome. A prior physician review notes that this patient previously had been certified for 11 physical therapy visits. The prior reviewer notes that this patient previously was taught a home rehabilitation program and therefore modified the request for two visits of physical therapy to augment the effects of an injection. Therefore, that reviewer again modified the request for two session for the right shoulder rather than two times per week x 4 weeks to the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the shoulder region 2 x 1 week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Physical Therapy..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy..

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home physical medicine." I note additionally that the Official Disability

Guidelines/treatment of Workers' Compensation/shoulder, state, "Post injection treatment: 1-2 visits over 1 week...allow for fading of treatment frequency plus active self-directed home physical therapy." Thus, the guidelines would support a very brief physical therapy program given the patient's recent shoulder injection. However, the guidelines and medical records do not support indication or rationale at this time for additional physical therapy sessions as has been requested. This request is not supported by the guidelines. Overall, this request is not medically necessary.