

Case Number:	CM13-0009020		
Date Assigned:	06/06/2014	Date of Injury:	01/03/2001
Decision Date:	07/24/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/09/2013

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 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 injured worker is a 57-year-old female who reported an injury on 01/03/2001. The injury reported was when the injured worker ran into a doorway. The diagnosis included right shoulder post-traumatic arthritis. Previous treatments included 6 visits of physical therapy, an MRI, surgery, medications, acupuncture, massage, a TENS unit and aquatic therapy. Within the clinical note dated 06/14/2013, it was reported the injured worker complained of discomfort in her shoulders. She reported having episodes of catching and freezing of her shoulder. Upon the physical examination, the provider noted tenderness over the medial clavicle. He noted the injured worker had forward elevation at 70 degrees and external rotation at 30 degrees. The injured worker had a negative belly test and was unable to perform the lift off test. There was marked crepitus within the glenohumeral joint, as well as catching, snapping and shifting. The provider requested physical therapy for 12 visits to improve the catching and snapping. The Request for Authorization was not provided for the clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE RIGHT SHOULDER, QUANTITY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Improvement Measures Page(s): 98-99, 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp, ODG Physical Therapy Guidelines.

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

Decision rationale: The injured worker complained of discomfort to her shoulder, with episodes of catching and freezing. The California MTUS Guidelines recommend that acupuncture be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Active therapies require an internal effort by the individual to complete a specific exercise or task. The guidelines note that for neuralgia and myalgia, 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the efficacy of the injured worker's prior course of physical therapy, including improvement in functional abilities. There is a lack of documentation indicating an adequate and complete physical examination demonstrating that the injured worker had decreased functional ability, decreased range of motion and decreased strength with flexibility. Additionally, the injured worker has utilized 12 visits of physical therapy. The request as submitted for an additional 12 visits exceeds the guideline recommendations of 8 to 10 visits. Therefore, the request for physical therapy to the right shoulder for a quantity of 12 visits is non-certified.