

Case Number:	CM13-0028798		
Date Assigned:	06/06/2014	Date of Injury:	01/07/2011
Decision Date:	07/14/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/24/2013

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 Illinois. 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 male that reported an injury on 01/07/2011, due to an unknown mechanism. The injured worker complained of right shoulder pain, 5/10 with radiating pain to the clavicle with numbness and tingling to the right elbow. On physical examination of right shoulder flexion at 140 degrees, and extension at 55 degrees and a positive O'Brien's test on the right. The injured worker diagnoses are right shoulder pain, right lateral epicondylitis, lumbago, intermittent lower extremity, and sciatica degenerative disc disease. The medication included metoprolol, simvastatin, Prilosec, zolpidem, xanax, flexeril, and norco 10/325. The treatment plan included physical therapy right shoulder for eight (8) weeks as an outpatient. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY-FOUR (24) PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER, THREE (3) TIMES A WEEK FOR EIGHT (8) WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker had a positive O'Brien test, with range of motion documented to the right shoulder, flexion at 140 degrees, and extension at 55 degrees. The Chronic Pain Guidelines allow for fading of treatment frequency, plus active self-directed home exercise. The guidelines recommend nine to ten (9-10) visits over four (4) weeks. The request for twenty-four (24) visits exceeds guideline recommendations for the total duration of care. Therefore, the request is not medically necessary.