

Case Number:	CM13-0050548		
Date Assigned:	12/27/2013	Date of Injury:	06/09/2002
Decision Date:	03/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesia, has a subspecialty in Acupuncture/Pain Medicine 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. 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 69 year old male injured worker with date of injury 6/9/02 with ongoing neck and low back pain. He has been diagnosed with right knee arthralgia, right shoulder arthralgia, and chronic neck/low back pain. Per 10/24/13 progress report, he has been having some increased right shoulder complaints and has had more limitations with his activities due to shoulder complaints. He has limited ROM of the right shoulder with pain on ER. Negative AC joint tenderness. Positive impingement of the right shoulder. He takes an Advil or aspirin typically two times per week and this does help with his pain level and function. The injured worker has been treated with physical therapy. The date of UR decision was 10/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for physical therapy two times a week for six weeks for the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS is silent with regard to physical therapy specific to shoulder injury. ODG physical therapy guidelines recommend 10 visits over 8 weeks for impingement

syndrome. The medical records submitted for review include PT progress notes which indicate that at least 11 of an authorized 18 PT sessions were completed by 8/8/12. The records reviewed do not sufficiently explain why the injured worker's home exercise program is ineffective or establish necessity for further PT. As the injured worker has already received PT in excess of the ODG recommendation, the request is not medically necessary.