

Case Number:	CM13-0050687		
Date Assigned:	06/09/2014	Date of Injury:	05/27/2013
Decision Date:	07/22/2014	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 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 injured worker is a 67 year old male who has a date of work injury 5/27/13. The mechanism of injury occurred when the injured worker was stocking water and the water fell on him. The injured worker was diagnosed with right shoulder rotator cuff tear; neck, thoracic and lumbar strain; disc degeneration; lumbosacral spondylolysis; and bicipital tenosynovitis. There is a request for physical therapy, for the right shoulder 3 times per week for 4 weeks. The office visit on 7/22/13 states that the injured worker had pain in the right shoulder, neck and back. The injured worker stated he woke up with his right hand clawed, had numbness down the right arm, difficulty walking, pain that radiated from the low back to the hips, low back spasm, stiffness to the low back, neck pain and stiffness, radiating pain and numbness. The physical examination revealed right shoulder tenderness over the acromioclavicular joint, mid arc sign was positive, drop test was positive, tenderness over the biceps tendon, and positive Neer and Hawkins tests. The injured worker's right shoulder range of motion was decreased. The injured worker's strength to the right upper extremity was 4/5 and the left was 5/5 on a pain scale. The plan was for physical therapy for the right shoulder, thoracic spine and lumbar spine; MRI of the low back, neck and right shoulder; and off work. There is a 10/11/13 orthopedic examination of the right shoulder that reveals tenderness over the AC joint. The Mid Arc sign and the drop test are positive. There is tenderness over the biceps tendon. The injured worker's subluxation test is normal. There is decreased right shoulder strength and range of motion. There is paraspinal cervical tenderness. There is decreased cervical range of motion. The plan includes physical therapy for the right shoulder 3 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT), 3 TIMES A WEEK FOR 4 WEEKS, FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy (PT).

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

Decision rationale: PT for the right shoulder 3 times per week for 4 weeks is not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The request exceeds this amount without any documentation of an extenuating circumstance that requires additional therapy. It is also unclear from the documentation submitted if the injured worker has already had physical therapy for the shoulder and if proper documentation states the injured worker's outcome of this therapy. Therefore, the request for physical therapy for the right shoulder, 3 times per week for 4 weeks, is not medically necessary.