

Case Number:	CM13-0054245		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2012
Decision Date:	06/13/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 patient is a 36-year-old male who injured his right shoulder, left ankle and lower back while at work, the patient slipped and fell while carrying a ladder. The patient has been treated with physical therapy. MRI without contrast of the right shoulder performed 04/17/2013 which indicates severe tendinitis and distal supraspinatus tendon with bursal tearing, infraspinatus tendinitis with a 21 mm x 15mm partial tear of the distal tendon insertion labrum, and fluid within the subacromial and subarachoid space with bursitis. The patient complaints of pain to the right shoulder. Clinical notes dated 09/2013 to 12/2013; indicate complaints to the right shoulder with pain tenderness over the AC joint pain increase with raising above shoulder level with popping and clicking. Decrease motor strength to the right upper extremity, range of motion of the right shoulder appears to be decreased. The patient diagnoses are right shoulder internal derangement, right knee contusion and lumbar spine sprain strain. The plan of treatment is physical therapy for the right shoulder for six office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY VISITS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

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

Decision rationale: The California MTUS Guidelines indicate functional improvement from prior physical therapy is needed for additional physical therapy. The request for additional physical therapy is denied due to lack of functional improvement prior physical therapy in the medical record. The medical necessity is not established.