

Case Number:	CM13-0058563		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2012
Decision Date:	06/03/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 21 year old male whose date of injury is 10/17/2012. The mechanism of injury is not described. Note dated 09/20/13 indicates that the patient underwent right shoulder Toradol injection. Progress note dated 11/01/13 indicates that the patient complains of pain in the right shoulder. Right shoulder has restricted range of motion with pain. Impingement test is positive. Diagnoses are right shoulder strain, tendonitis; lumbar strain; cervical strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY THREE TIMES A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Topic Page(s): 58-60.

Decision rationale: There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear how many sessions of physiotherapy the patient has completed to date, and there are no objective measures of improvement

documented. The patient's compliance with an active home exercise program is not documented. The request for Physiotherapy is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines for Performing an FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: The submitted records fail to document prior unsuccessful return to work attempts. It is unclear whether the patient is at or near maximum medical improvement. The request for Functional Capacity is not medically necessary.

EXERCISE KIT FOR THE UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: There is no clear rationale provided to support an exercise kit at this time. The patient's compliance with an active home exercise program is not documented. Therefore, based on guidelines and a review of the evidence, the request for Exercise Kit for Upper Extremities is not medically necessary.