

Case Number:	CM13-0062950		
Date Assigned:	06/09/2014	Date of Injury:	07/26/2012
Decision Date:	07/23/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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 injured worker is a 28-year-old female who reported an injury on 07/26/2012. The injury was caused by an unknown mechanism. On 01/17/2013, the injured worker underwent an MRI (magnetic resonance imaging) of the right shoulder that revealed a small amount of glen humeral joint fluid identified with a small amount of fluid seen within the subacromial/subdeltoid bursa as well. On 9/27/2013, the injured worker complained of low back and mid back pain that was rated at 6-7/10 and the right shoulder and upper arm pain was a 7-8/10. She reports that the pain was associated with weakness and reaching, pulling, lifting, gripping, twisting, and bending aggravates her symptoms. It was noted the injured worker tried physical therapy that provided her with temporary relief. It was noted that the injured worker stretches and does home exercises. On the physical examination, the range of motion on the right shoulder the flexion was 140 degrees and abduction was 140 degrees. It was noted the right shoulder had tenderness to palpation the impingement sign was positive, the manual muscle testing revealed 4/5 strength with flexion, extensions, abduction, adduction, internal rotation and external rotation. The range of motion was restricted. The diagnoses include right shoulder bursitis, right shoulder derangement and right shoulder impingement syndrome. There were no medications listed for the injured worker. The treatment plan included physical therapy two times a week for four weeks for the right shoulder. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-2013. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: The authorization for physical therapy two times a week for four weeks for the right shoulder is non-certified. The CA MTUS guidelines states the right shoulder therapy is recommends up to 10 physical therapy visits over eight weeks. The documented report submitted on 09/27/2013 had lack of documentation of the injured worker efficacy of conservative care measures such as a home exercise program. In addition, it was noted the injured worker has already had physical therapy and it was noted the injured worker stated it gave her temporally relief. There was no documented evidence on the outcome of the injured worker overall success while attending physical therapy. Given the above, the request for physical therapy two times a week for four weeks for the right shoulder is non-certified.