

Case Number:	CM14-0001422		
Date Assigned:	01/22/2014	Date of Injury:	10/30/2012
Decision Date:	05/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/03/2014

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 Family Medicine and is licensed to practice in Utah. 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 64 year-old female with a date of injury is Oct 30, 2012. The mechanism of injury is a fall. The patient has been diagnosed with rotator cuff tear and tendonitis, with injury to the shoulder and lumbar spine. The patient's treatments have included physical therapy, and imaging studies. An MRI report shows multiple disc bulges and protrusion of disc, with some indentation. The physical exam findings show patient in no distress, with no neurological deficits and deep tendon reflexes are reported as normal. The shoulder exam shows some scapular dyskinesia. There is 4 of 5 strength in the shoulder, and tenderness over the acromioclavicular joint. There is tenderness in the lumbar spine at levels L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY RIGHT SHOULDER 2X4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section Page(s): 58-59.

Decision rationale: The patient has already completed a course of physical therapy. There is documentation of some benefits that the patient received from physical therapy. The documents

state that pain was not improved, but that functionality was improved. It is also unclear at this time, how the patient did with a home exercise program after physical therapy, if any. The MTUS guidelines state that manual therapy, including physical therapy is indicated for this type of injury. The patient has shown benefit from previous encounters. According to the clinical documentation provided and current MTUS guidelines, physical therapy is indicated as a medical necessity to the patient at this time.

PHYSICAL THERAPY LUMBAR SPINE 2X4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section Page(s): 58-59.

Decision rationale: The patient has already completed a course of physical therapy. There is documentation of some benefits that the patient received from physical therapy. The documents state that pain was not improved, but that functionality was improved. It is also unclear at this time, how the patient did with a home exercise program after physical therapy, if any. The MTUS guidelines state that manual therapy, including physical therapy is indicated for this type of injury. The patient has shown benefit from previous encounters. According to the clinical documentation provided and current MTUS guidelines, physical therapy is indicated as a medical necessity to the patient at this time.