

Case Number:	CM14-0002327		
Date Assigned:	01/24/2014	Date of Injury:	06/23/2005
Decision Date:	06/06/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

This case involves a 52 year-old female with a 6/32/05 industrial injury claim. She has been diagnosed with right shoulder impingement. According to the 12/17/13 orthopedic report from [REDACTED], there is continued right shoulder pain. Impingement signs are positive, and he requests authorization for PT 2x6. On 12/13/13, UR denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X6; RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Shoulder, Web Edition.

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

Decision rationale: The patient presents with chronic right shoulder pain and impingement signs. MTUS guidelines state 8-10 sessions of PT are appropriate for various myalgias and neuralgias. The request for PT 2x6 will exceed the MTUS recommendations. Therefore, the request for additional Physical Therapy are not medically necessary.

