

Case Number:	CM14-0006128		
Date Assigned:	05/23/2014	Date of Injury:	03/30/2013
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 Physician 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 49 year old male with a date of work injury 3/30/13 to his right shoulder while lifting 50 lb bags at work. There is a diagnosis of adhesive capsulitis, tendinitis, SLAP injury. There is a request for physical therapy to the right shoulder 2 x 6 weeks. There is a 12/19/13 primary treating physician document that is handwritten and somewhat illegible that states that the patient has right adhesive capsulitis, tendinitis, SLAP injury. There are no documented objective findings. There is a treatment plan to include ultrasound guided corticosteroid injection and physical therapy 2 x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO RIGHT SHOULDER 2X6 WEEKS: Upheld

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

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

Decision rationale: Physical Therapy to the right shoulder 2 x 6 weeks is not medically necessary according to the MTUS guidelines. The guidelines recommend up to 10 visits for

this condition. The documentation is limited. There are no objective findings and it is unclear if the injured worker has had prior therapy for this condition. Additionally, the request exceeds the recommended number of visits for this condition. Without this additional information, physical therapy to the right shoulder 2 x 6 weeks is not medically necessary.