

Case Number:	CM14-0008497		
Date Assigned:	02/12/2014	Date of Injury:	10/03/2013
Decision Date:	06/24/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/22/2014

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:

The patient is a 48 year-old male who was injured on 10/3/13. He has been diagnosed with right shoulder sprain; right rotator cuff injury; positive tendonitis or tear; myofascial pain syndrome. According to the 12/5/13 physiatry report from [REDACTED], the patient presents with right shoulder pain. He has positive impingement signs and decreased motion. [REDACTED] recommended electroacupuncture, a cortisone injection, and PT. On 12/31/13 UR recommended non-certification for PT 2x4. The UR letter states the patient had 8 sessions of PT from 11/20/13 to 12/11/13 and there was a request for additional PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TO THE RIGHT SHOULDER/UPPER ARM 2 X 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE GUIDELINES, ,

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

Decision rationale: The patient presents with right shoulder pain, weakness and loss of motion. He was reported to have had 8 PT sessions, and an additional 8 sessions are requested. The medical reports from [REDACTED] do not mention specific examples of functional improvement, but there was a reduction in the work restrictions, going from a lifting restriction of 5 lbs, to 7 lbs. There is no mention of recent shoulder surgery, so the Chronic Pain Guidelines apply. Chronic Pain Medical Treatment Guidelines, allow for up 8-10 sessions of PT for various myalgias or neuralgias. The request for 8 PT sessions when combined with the 8 sessions previously provided will exceed the Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary.