

Case Number:	CM14-0102030		
Date Assigned:	07/30/2014	Date of Injury:	12/28/2013
Decision Date:	10/06/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 12/28/2013. Mechanism of injury was reported as "being held up by gunmen during a bank robbery". Right hand was stepped on by assailants. Patient has a diagnosis of right shoulder and cervical spine "severe somatic reaction". Medical reports reviewed. Last report available until 5/23/14. The progress notes are very brief and provide very little information. Patient complains of difficulty ambulating. Objective exam just noted as weakness and decreased sensation of bilateral lower extremity. There is no shoulder exam documented. No medication list was provided. Patient only noted to be on Xanax. There is no noted prior treatments. There is no provided imaging reports for review. Independent Medical Review is for physical therapy of right shoulder 2 times/week for 4weeks (total 8sessions). Prior UR on 6/17/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 205, 212.

Decision rationale: As per ACOEM guidelines, first stage for shoulder rehabilitation is strengthening exercises and mobility exercises all of which can be done at home. There is no documentation of treatment of this shoulder problem or any imaging provided. There is no appropriate shoulder exam provided. The provider has also not documented how physical therapy of the shoulder will help patient's "severe somatic reaction". The lack of documentation of appropriate or prior care or documentation of a physical exam means requested physical therapy is not medically necessary.