

Case Number:	CM14-0104997		
Date Assigned:	07/30/2014	Date of Injury:	12/11/2010
Decision Date:	10/06/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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 and is licensed to practice in Nevada. 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 injured worker is a 64-year-old male who was reportedly injured on December 11, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 2, 2014, indicated that there were ongoing complaints of neck pain with upper extremity involvement. The physical examination demonstrated 5'7", 215 pound individual who was normotensive (123/72). There was no noted gross deformity, no appreciable swelling and there was tenderness to palpation. A decrease in cervical spine range of motion is noted. Diagnostic imaging studies objectified moderate osteoarthritis in the acromioclavicular joint of the right shoulder. Previous treatment included surgical intervention to the shoulder, chiropractic care, multiple medications and pain management interventions. A request was made for additional physical therapy and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Shoulder 2x6 weeks right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the injury sustained, the current complaints, the finding on physical examination and the metaphysical therapy order completed, there is no clinical indication presented why additional physical therapy would be one. As outlined in the California Medical Treatment Utilization Schedule, the 24 visits over the 1st 14 weeks after surgery of physical therapy would be indicated. However, based on the current clinical assessment, there is no clinical indication other than a home exercise protocol emphasizing range motion and shoulder strength. Therefore, based on the clinical information presented for review, the request for additional physical therapy is not medically necessary.