

Case Number:	CM14-0011188		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2010
Decision Date:	06/25/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 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 injured worker is a 65-year-old female who reported an injury on 02/18/2010. The mechanism of injury was not stated. Current diagnoses include status post left shoulder rotator cuff repair, significant contracture of the left wrist and hand, and flare-up of the left shoulder symptomatology. The injured worker was evaluated on 12/20/2013. The injured worker reported persistent neck pain with radiation into the left shoulder. The injured worker reported improvement with previous physical therapy. Current medications include Motrin and Prilosec. Physical examination revealed decreased range of motion of the cervical spine, tenderness in the paraspinal and trapezius muscles, positive shoulder depression testing on the right, positive Spurling's maneuver on the left, decreased sensation and strength on the right, decreased strength on the left, and 2+ deep tendon reflexes. Examination of the left shoulder revealed decreased range of motion with decreased strength and positive impingement testing. Treatment recommendations at that time included an additional course of physical therapy twice per week for 4 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X4 LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker is status post left shoulder rotator cuff repair in 2012. There was no documentation of the previous course of physical therapy with evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.