

Case Number:	CM14-0013210		
Date Assigned:	02/24/2014	Date of Injury:	10/17/2013
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 & 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 patient is a 37 year old male who was injured on October 17, 2013 while he was doing repetitive stocking of car batteries on a 6 foot shelf injuring his right shoulder. Prior treatment history has included physical therapy, acupuncture, which made him worse and prescribed oral medications. Diagnostic studies reviewed included x-rays obtained with negative results. PR-2 dated December 20, 2013 documented the patient with complaints of continuous pain in the right shoulder. He has weakness in the right arm and hand. The pain today in his right shoulder is a 9. Objective findings on examination of the right shoulder reveal range of motion decreased in flexion, extension, abduction, adduction, internal rotation and external rotation. Palpation of the trapezius muscles revealed tenderness. Drop arm test was positive. Neer's impingement and Hawkin's impingement tests were positive. Supraspinatus, apprehension and Speed's test were negative. Muscle strength was 4/5. Diagnosis included right shoulder rotator cuff syndrome to rule out a tear. The patient has participated in six sessions of physical therapy with some improvement. Continued conservative care is recommended with additional physical therapy at a rate of two times a week for six weeks for the right shoulder to regain his motion and strength. A report dated January 9, 2014 documented procedures requested were physical therapy two times a week for six weeks for right shoulder. The UR report dated January 20, 2014 granted partial certification for physical therapy x 6 sessions. The report dated December 20, 2013 discussed that the injured worker had already attended physical therapy x 6 for the right shoulder. The request for additional physical therapy x 12 is not consistent with the recommendations of nationally recognized evidence based on medical guidelines for the injured worker's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS IN TREATMENT OF THE RIGHT SHOULDER (FOR A TOTAL OF 12 ADDITIONAL SESSIONS):

Upheld

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

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

Decision rationale: As per the California MTUS Guidelines, physical medicine 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 guidelines recommend up to 10 visits for myalgia and myositis. The records show that the patient has already received 12 sessions of physical therapy. However, there is no documentation of improvement in the objective measurements; i.e. pain level, ROM and strength. The prior trial did not result in any significant functional improvement and the request for 12 sessions exceed the guidelines recommendation. The request is not medically necessary.