

Case Number:	CM14-0017152		
Date Assigned:	04/14/2014	Date of Injury:	10/01/2012
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/11/2014

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 Texas. 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 51-year-old female who reported an injury on 10/01/2012 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included 12 physical therapy visits and medication to include nonsteroidal anti-inflammatory drugs. The injured worker was evaluated on 01/14/2014. Physical findings included right shoulder range of motion described as 170 degrees in flexion, 170 in abduction, 80 degrees in external rotation, and 70 degrees in internal rotation with a negative impingement sign and tenderness to palpation over the right paraspinal musculature and trapezius. It was noted the injured worker had not had a significant improvement in status. The injured worker's diagnoses included right trapezial cervical strain, right shoulder rotator cuff tendinitis, and right elbow lateral tendinitis. A request was made for physical therapy 2 times a week for 4 weeks.

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 FOR THE 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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times a week for 4 weeks for the right shoulder is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has previously participated in physical therapy. However, there is no documentation the injured worker is currently participating in a home exercise program. Therefore, 1 to 2 visits of physical therapy would be appropriate to re-educate and assess the injured worker's home exercise program. However, the request exceeds this recommendation. Additionally, the clinical documentation supports that the injured worker has not had a significant improvement in symptoms with prior conservative treatment. Therefore, the continuation of physical therapy would not be supported. As such, the requested physical therapy 2 times a week for 4 weeks for the right shoulder is not medically necessary or appropriate.