

Case Number:	CM14-0018763		
Date Assigned:	04/18/2014	Date of Injury:	12/20/2004
Decision Date:	07/02/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/13/2014

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 12/20/2004. The mechanism of injury was not specifically stated. The current diagnoses include shoulder impingement syndrome and rotator cuff tear. The injured worker was evaluated on 12/09/2013. The injured worker reported forearm and upper arm pain. The physical examination revealed 135 degree flexion, 55 degree extension, 144 degree abduction, 84 degree external rotation, 54 degree internal rotation and 70 degree rotation in a supine position. The injured worker also demonstrated 3/5 and 4/5 strength with painful range of motion. Treatment recommendations at that time included an additional eight (8) sessions of occupational therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY TO THE SHOULDER QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation OFFICIAL DIABILITY GUIDELINES, ODG-TWC SHOULDER PROCEDURE SUMMARY (LAST UPDATED 06/12/2013).

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

Decision rationale: The Chronic Pain 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 has completed a substantial amount of physical therapy to date. The physical examination continues to reveal weakness with limited range of motion. The injured worker continues to report persistent upper extremity pain. The submitted documentation reveals that the injured worker has completed twenty-four (24) sessions of physical therapy to date. It is expected that the injured worker would be independent in a home exercise program to manage further complaints. Based on the clinical information received, the request is not medically necessary.