

Case Number:	CM14-0113949		
Date Assigned:	08/01/2014	Date of Injury:	05/20/2013
Decision Date:	09/12/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 53 year old female whose date of injury is 05/20/13. It is reported that in October 2010 after completing a half marathon she felt pain in her right shoulder, arm and neck. It went away until October 2012 when right shoulder pain came back. Diagnoses are right shoulder impingement, right elbow epicondylitis, cervical radiculopathy and C5-6 disc protrusion. Treatment to date includes physical therapy. Progress note dated 07/14/14 indicates that the injured worker has completed 30 visits of physical therapy. The injured worker rates pain as 0-2/10. She complains of pain in the right shoulder area especially with eccentric lowering of the right arm. On physical examination strength is +4/5 in the shoulder (decreased from -5/5 on 05/08/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical therapy.

Decision rationale: Based on the clinical information provided, the request for physical therapy 2 x 6 right shoulder is not recommended as medically necessary. The injured worker has completed 30 physical therapy visits to date. The Official Disability Guidelines Shoulder Chapter support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.