

Case Number:	CM14-0119530		
Date Assigned:	08/06/2014	Date of Injury:	05/01/2013
Decision Date:	09/23/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/29/2014

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 Nevada. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on May 1, 2013. The mechanism of injury was noted as a lifting event. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of left hip, left shoulder and right arm pains. Also noted were upper back pain and a rash over the entire body and sleep disorders. The physical examination demonstrated a decrease in right shoulder range of motion, no atrophy, and a positive Speed's test, changes of impingement sign were also reported, and left hip pain was also noted. Diagnostic imaging studies objectified were not reported. Previous treatment included multiple medications, physical therapy, steroid injections into the shoulder, and other pain management interventions. A request was made for physical therapy of the shoulder and was not certified in the preauthorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 X 6 right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: When noting the date of injury, the mechanism of injury, the generalized pain complaints and findings on physical examination, there is a clinical indication for some physical therapy. However, it is not clear what physical therapy has been completed based on the single progress notes presented for review. As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, physical therapy is noted to several sessions and transition to home exercise protocol. Therefore, the request is excessive and there is insufficient clinical information presented to establish the medical necessity of this intervention and is not medically necessary and appropriate.