

Case Number:	CM14-0127740		
Date Assigned:	08/15/2014	Date of Injury:	11/07/2013
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Medicine and is licensed to practice in Ohio. 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 who stated injury was November 7 of 2013. She has been diagnosed with cervical radiculopathy, tendinitis and synovitis of the right thumb, right-sided carpal tunnel syndrome, breast cancer, and interstitial cystitis. The record reflects the emergence of right shoulder pain on December 2 of 2013. Based on physical exam findings, the injured worker was felt to have impingement syndrome of the right shoulder. It is apparent that all available records are not here for review. There is a reference from the treating physician on May 27, 2014 that the injured worker had a cortisone injection to the right shoulder which was helpful. Documentation to substantiate that cannot be found within the records provided. The note from the previous utilization review was examined for purposes of this review and indicates that extensive physical therapy has already been done to the right shoulder. However, no physical therapy notes pertaining to the right shoulder are included within the records provided. There are many references to physical therapy having been ordered with regard to the cervical spine and postoperatively for the right thumb. Again, it's possible that the entire medical record is not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right shoulder 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Shoulder Chapter, <Physical Therapy for Impingement Syndrome Topic>.

Decision rationale: The provided documentation reveals no evidence that physical therapy with regard to the right shoulder has been accomplished. According to the American College of Occupational and Environmental Medicine, therapeutic options for the Impingement syndrome include corticosteroid injection into the subacromial bursa and global shoulder strengthening. Per the ODG guidelines physical rehabilitation techniques for patients with subacromial Impingement syndrome demonstrate short-term and long-term effectiveness for decreasing pain and reducing functional loss. Specifically, 1-2 physical therapy visits over a one week is appropriate after a corticosteroid injection. Because the request for physical therapy is twice weekly for four weeks, the request is not medically necessary.