

Case Number:	CM14-0137144		
Date Assigned:	09/08/2014	Date of Injury:	05/25/2014
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 34-year-old female was reportedly injured on May 25, 2014. The mechanism of injury was grabbing and carrying heavy clothing. The most recent progress note, dated August 12, 2014, indicated that there were ongoing complaints of right sided neck pain, right upper back pain, and right shoulder pain. The physical examination demonstrated decreased right shoulder range of motion with forward flexion and abduction to 160. There was tenderness at the right shoulder, although it was not stated where. There was also tenderness along the cervical spine with normal spine range of motion without spasms. Diagnostic imaging studies of the right shoulder were normal. Previous treatment included duty modification, physical therapy, chiropractic care, and medications. A request had been made for physical therapy twice a week for three weeks for the right shoulder, neck, and trapezius and was not certified in the pre-authorization process on August 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, neck and trapezius, 2 times per week for 3 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Neck and Upper Back Chapters

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

Decision rationale: According to the ACOEM Guidelines, a few visits of physical therapy are recommended to educate the patient about an effective home exercise program. According to the attached medical record the injured employee has already participated in six physical therapy visits without any objective improvement. For these reasons, this request for six additional visits of physical therapy for the shoulder, neck, and trapezius are not medically necessary.