

Case Number:	CM14-0155135		
Date Assigned:	09/25/2014	Date of Injury:	05/23/2014
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 & 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 47-year-old female who reported an injury on 05/23/2014. The mechanism of injury was due to a fall. The injured worker had diagnoses of adhesive capsulitis of shoulder, shoulder bursitis, shoulder tendinitis, impingement syndrome of shoulder, and rotator cuff tear of right shoulder. Past medical treatment included acupuncture, medications, physical therapy to right shoulder. Diagnostic testing included an MRI of right shoulder on 07/29/2014, x-rays date was not provided. Surgical history was not provided. The injured worker complained of severe pain to right shoulder on 08/30/2014. The physical examination revealed right shoulder range of motion flexion 120 degrees, positive impingement signs on exam, extension 40 degrees, exterior rotation 55 degrees, anterior rotation 50 degrees, abduction 120 degrees and adduction 20 degrees. Medications were not included. The treatment plan is for physiotherapy times 6 sessions to the right shoulder and upper arm. The rationale for the request is not provided. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy times 6 sessions to the right shoulder and upper arm.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for Physiotherapy times 6 sessions to the right shoulder and upper arm is not medically necessary. The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus participation in an active self-directed home physical medicine program. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. There is a lack of documentation indicating the total number of sessions of physical therapy the injured worker has completed. There is a lack of documentation of initial or interim evaluations to determine the injured worker's progress. There is a lack of documentation indicating the injured worker is compliant with participation in a home exercise program. Therefore the request for Physiotherapy times 6 sessions to the right shoulder and upper arm is not medically necessary.