

Case Number:	CM14-0160894		
Date Assigned:	10/06/2014	Date of Injury:	08/13/2013
Decision Date:	12/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/30/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 50 year old male who reported an injury on 08/15/2013 due to cumulative trauma. He is diagnosed with status post right shoulder arthroscopy and recurrent right shoulder tendonitis. His past treatments include medications, functional capacity evaluation and physical therapy. No pertinent diagnostic studies were provided. On 09/03/2014, the injured worker reported persistent right shoulder pain. Upon physical examination, he was noted to have an impingement at 90 degrees of the right shoulder. His current medications were not provided. The treatment plan included pain medications, awaiting an MRI of the right shoulder, home physical therapy and strengthening physical therapy of the right shoulder. A request for Physical Therapy for the right shoulder 8 visits (2 times a week for 4 weeks) was submitted, however, the rationale was not provided. A Request for Authorization was not submitted.

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 8 Visits (2 Times A Week for 4 Weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for physical therapy for the right shoulder 8 visits (2 times a week for 4 weeks) is not medically necessary. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 9-10 visits of physical therapy for unspecified myalgia and myositis. The most recent note provided for review indicated the injured worker had an impingement at 90 degrees of the right shoulder, however, there were no objective motor strength values given to show functional deficits. Additionally, the documentation provided does not clearly show whether he has undergone any previous physical therapy visits, the number completed, and whether he had functional improvement with that treatment. In the absence of this information, the request is not supported. As such, the request for physical therapy for the right shoulder 8 visits (2 times a week for 4 weeks) is not medically necessary.