

Case Number:	CM14-0161327		
Date Assigned:	10/06/2014	Date of Injury:	09/08/2011
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

This injured worker is a 55 year old female who reported an injury on 09/08/2011. The mechanism of injury was not provided. This injured worker's diagnosis is right rotator cuff strain. Past treatments have included medication, TENS unit, acupuncture, and steroid injection. An X-Ray of the neck and right shoulder was performed on 08/25/2014. In an office progress note on 08/25/2014 the injured worker stated constant shoulder pain described as a burning sensation radiating to the fingers. In a follow-up note of 09/19/2014 the injured worker reported that the steroid injection administered gave significant pain relief and she is able to work her regular job. This report date stated grip strength left 15, 16, 14 and right 12, 13, 15. There was full forward elevation and abduction with mild discomfort at end range. Current medications for the right shoulder are Nabumetone 750 mg 1-2 daily and Omeprazole 20 mg one daily. The treatment plan for this injured worker is a short course of therapy to learn a home exercise program for strengthening and conditioning, to continue working her usual and customary job and to stop and stretch frequently. There is no Request for Authorization form submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks, for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The request for Physical Therapy 2 times a week for 6 weeks, for the right shoulder is not medically necessary. According to the California MTUS guidelines, active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits for myalgia and myositis with the fading of treatment frequency, plus active self-directed home physical medicine. The injured worker was recommended for a course of physical therapy to learn a home exercise program. She was noted to have full forward elevation and abduction with mild discomfort at end range. There is no indication of any significant functional deficits to support the request for 12 sessions of physical therapy. In addition, the request for 12 sessions exceeds the guideline recommendations. As such, the request is not medically necessary.