

Case Number:	CM14-0020953		
Date Assigned:	05/21/2014	Date of Injury:	11/25/2011
Decision Date:	07/11/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/19/2014

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 Arizona. 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:

Patient is a 44-year-old female with a date of injury on November 25, 2011. Patient has been treated for ongoing symptoms related to the right shoulder. Diagnoses include right shoulder impingement, tendinitis, and small rotator cuff tear. Subjective complaints are of right shoulder weakness, difficulty with overhead activity and cannot sleep on the right shoulder. Physical exam shows tenderness over acromion/deltoid, positive empty can sign, positive Neer and Hawkin's sign, and decreased range of motion. Prior treatments have included physical therapy (20 sessions), acupuncture, steroid injections, TENS (transcutaneous electrical nerve stimulation), and medication. MRI of the right shoulder revealed a small tear of the rotator cuff with some tendinosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK X 4WKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The ODG recommends ten visits over eight weeks for medical therapy for rotator cuff syndrome/impingement. Submitted documentation indicates that 20 prior sessions have been completed. The request for eight additional sessions exceeds guideline recommendations. The request for physical therapy for the right shoulder, twice weekly for four weeks, is not medically necessary or appropriate.