

Case Number:	CM14-0021375		
Date Assigned:	05/07/2014	Date of Injury:	02/29/2012
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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 Neurological Surgery, 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 employee, is a 42-year-old female who sustained a work related injury on February 29, 2012, when walking into a pole sticking out from a canopy which hit the right side of her face, head, and jaw. Current medical problems are stated to include cervical syndrome, and osteoarthritis of the upper arm and shoulder. The injured employee was seen on June 5, 2013 and complained of right shoulder pain radiating to her neck and upper arm as well as numbness and tingling in her right arm, hand, and fingers. The physical examination on this date noted right shoulder flexion to 110, abduction to 110, extension 240, abduction to 40, and 60 of internal and external rotation there was tenderness at the trapezius muscle. Tests were positive for the supraspinatus impingement, Neer's Test, and Hawkins test. Muscle strength was 4/5 with flexion and 5/5 with all other movements. An MRI of the right shoulder noted a partial thickness tear of the articular surface of the supraspinatus tendon as well as acromioclavicular joint arthritis. Treatment history includes physical therapy, oral medications, and chiropractic care. There was a prior request dated February 7, 2014 which was noncertified for eight sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: According to the medical records provided, the injured employee was previously certified and participated in 10 sessions of physical therapy. The California MT US chronic pain medical treatment guidelines does not recommend shoulder physical therapy for nonsurgical conditions and rather recommends instruction in-home exercise. The injured employee should certainly have gained enough knowledge for shoulder in-home exercise during the prior 10 sessions of physical therapy. This request for additional physical therapy is not medically necessary.