

Case Number:	CM14-0021753		
Date Assigned:	02/24/2014	Date of Injury:	11/05/2012
Decision Date:	07/21/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/01/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 31-year-old female, who has submitted a claim for right shoulder greater tuberosity contusion/fracture; right acromioclavicular joint subluxation and right leg contusion injury associated with an industrial injury date of November 5, 2012. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right shoulder and right upper leg pain. On physical examination, tenderness was noted on the anterolateral region of the shoulder girdle, deltoid muscle and lateral region of the upper arm. Range of motion (ROM) of the right shoulder, was mildly to moderately restricted in all direction compared to the left shoulder. Examination of the right upper leg, showed tenderness of the lateral region of the leg distally. MRI of the right shoulder done on November 14, 2012 showed contusion. X-ray of the right shoulder done on January 21, 2013 showed a questionable abnormality at the greater tuberosity on acromioclavicular view. Treatment to date has included Motrin, TENS, Home Exercise program, and PT. Utilization review from October 31, 2013 denied the request for PHYSICAL THERAPY X 20 SESSIONS (2-3 TIMES A WEEK) RIGHT SHOULDER because the number of visits requested exceeded guideline recommendations. The number of completed visits is unknown and there was no evidence presented that past therapy resulted in significant improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 20 SESSIONS (2-3 TIMES A WEEK) RIGHT SHOULDER:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient was already prescribed with physical therapy (PT) however, there was no documentation regarding its progress or how well the patient tolerated it. Likewise, the functional goal was not clearly stated. Since the patient was already started on PT, the patient should already be well versed in self-directed home exercise program. Therefore, the request for physical therapy x 20 sessions (2-3 times a week) for right shoulder is not medically necessary.