

Case Number:	CM14-0025072		
Date Assigned:	06/11/2014	Date of Injury:	11/21/2006
Decision Date:	08/13/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/27/2014

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 American Board of Family Practice 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 claimant is a 55 year old female who sustained a work related injury on 11/21/06 involving the shoulder, neck and hands. An electromyograph (EMG) on 6/1/10 was consistent with moderate right ulnar neuropathy and carpal tunnel syndrome. An MRI on 12/3/12 indicated there was L1-L2, L4-L5 and L5-S1 disc bulging. She was diagnosed with bilateral impingement syndrome, bilateral slap tears and rotator cuff syndrome . She underwent right shoulder surgery in 2009. A request had been made for physical therapy 2 times a week for 4 weeks of the shoulders in January 2014, without associated progress notes. A progress note on 3/24/14 indicated she had reduced range of motion of the right shoulder with impingement findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION OF PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS TO BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, therapy is recommended for initial and follow-up visits for education, counseling and evaluation for home exercises. According to the MTUS guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there are no supporting documents to indicate the need for the amount of therapy requested and the amount requested exceeds that suggested by the guidelines. The continuation of physical therapy to the bilateral shoulders is not medically necessary.