

Case Number:	CM14-0025317		
Date Assigned:	06/11/2014	Date of Injury:	02/07/2011
Decision Date:	08/07/2014	UR Denial Date:	02/04/2014
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 Physical Medicine & Rehabilitation, 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 worker is a 48-year-old male who reported an injury on 02/07/2011. The injury reportedly occurred when a piece of metal fell and struck his right upper extremity while he was holding a heavy drill. On 02/01/2014, he presented with complaints of pain in the right wrist, elbow, and shoulder. His physical examination revealed slightly decreased grip strength in the right hand at 70 pounds compared to 75 pounds in the left hand. His active range of motion in the right shoulder was noted as flexion to 160 degrees and abduction to 150 degrees. He was also noted to have a 15% restriction in passive range of motion. He was diagnosed with right shoulder sprain/strain. The injured worker's past treatments included chiropractic visits, previous physical therapy for the bilateral shoulders, and a home exercise program. According to the 02/01/2014 clinical note, the injured worker was recuperating well following left shoulder surgery on an unspecified date, and his surgeon recommended more physical therapy for the shoulders. However, a specific rationale for treatment of the right shoulder was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 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 (ODG) Official Disability Guidelines.

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

Decision rationale: The request for physical therapy for the right shoulder is not medically necessary. The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker was noted to have decreased range of motion of the right shoulder, as well as decreased grip strength in the right upper extremity. The documentation indicated that he had previous physical therapy for the bilateral shoulders. However, details regarding his prior treatment, including number of visits completed, and objective functional gains obtained, were not provided. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness of additional physical therapy cannot be established. Further, the request failed to indicate the number of visits planned. Therefore, despite evidence of current objective functional deficits in the right shoulder, based on the lack of documentation regarding previous physical therapy and the specific number of visits being requested, the request is not supported. As such, the request for physical therapy for the right shoulder not medically necessary.