

Case Number:	CM14-0031571		
Date Assigned:	06/20/2014	Date of Injury:	09/25/1996
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/12/2014

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 Occupational Medicine, and is licensed to practice in Texas. 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 63-year-old who sustained an injury to her right shoulder on September 25, 1996 while playing volleyball at a mandatory company sponsored picnic. Treatment to date has consisted of a home exercise program, trigger point injections, medial branch blocks, nerve blocks, medications, and physical therapy. The injured worker underwent two surgeries in 2006 on the left shoulder and 2008 the right shoulder. Physical examination noted paracervical muscle tenderness; trapezius tenderness and taut bands with 2+ trigger points and tenderness on palpation; positive twitch response bilaterally; increased muscle tone in the trapezius and palpable tenderness bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) SHOULDER CHAPTER, PHYSICAL THERAPY.

Decision rationale: The medical documentation provided noted that the injured worker underwent multiple surgeries on the bilateral shoulders; however, there were no physical therapy notes provided for review that would indicate the amount of post-operative physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The request for physical therapy once weekly for six weeks is not medically necessary or appropriate.