

Case Number:	CM14-0035574		
Date Assigned:	06/23/2014	Date of Injury:	12/17/2013
Decision Date:	08/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 and 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 59-year-old male who reported an injury on 12/17/2013. He reportedly was delivering a box and reached overhead to pull a rolling door on the back of the truck and noted a snapping sensation followed by pain in his right shoulder and upper arm. On 03/12/2014, the injured worker presented with right shoulder and upper arm pain. He also reported tingling and pins and needles sensation to the 4th and 5th fingers and arm. Upon examination of the right shoulder, the range of motion values were 100 degrees of flexion, 90 degrees of abduction, 60 degrees of internal rotation, and 70 degrees of external rotation. There was weakness with flexion, abduction, and external rotation and complaints of pain. There was a positive drop arm test, Neer's test, and Hawkins test. There was 3/5 strength in abduction, forward flexion, extension, internal rotation, and external rotation. Diagnoses were right proximal biceps rupture and right shoulder impingement syndrome; rule out rotator cuff tear. Prior therapy included a sling and medication. The provider recommended physical therapy x12 to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for physical therapy times 12 to the right shoulder is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. The provider's request for 12 physical therapy visits exceed the recommendation of the guidelines. Additionally, the provider's request did not indicate the frequency of the physical therapy visits in the request as submitted. As such, the request is not medically necessary.