

Case Number:	CM14-0042822		
Date Assigned:	06/30/2014	Date of Injury:	02/15/2013
Decision Date:	08/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

47 yr. old male claimant sustained a work injury on 2/15/13 involving the right shoulder. An MRI in 4/2013 showed rotator cuff tendonopathy and superior labral fraying . He was diagnosed with rotator cuff sprain and shoulder impingement. A progress note on 2/28/14 indicated he had pain in the right shoulder. Examination was notable for reduced flexion and abduction and impingement findings. He was given Hydrocodone for pain and referred for therapy 3 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times a week for three weeks for the right shoulder: Upheld

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

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 ACOEM guidelines, therapy is recommended for initial and follo-up visits for education, counseling and evaluation for home exercise. According to the MTUS guidelines, therapy is allowed for fading of treatment frequency (from up to 3 visits per

week to 1 or less), plus active self-directed home Physical Medicine. The request for 6 visits exceeds the guidelines and not medically necessary.