

Case Number:	CM14-0042886		
Date Assigned:	07/02/2014	Date of Injury:	12/27/2012
Decision Date:	08/15/2014	UR Denial Date:	03/05/2014
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:

The 40 year old male claimant sustained a work injury on 12/2012 in involving the neck and both shoulders. He was diagnosed with degenerative disc disease of the cervical spine, right shoulder instability and right bicipital tendonitis. An MRI of the right shoulder in 12/13 found a labral tear, supraspinatus tear, arthropathy. He had undergone TENS, oral analgesics and Steroid injections for pain. A progress note on February 18, 2014, indicated claimant had trouble sleeping and had pain in the shoulders. Examination findings were notable for a positive Neer's and Hawkins impingement sign. Strength was 4/5 and labral sheer, Speed's, compression t4esting were positive. The treating physician recommended 24 visits of therapy on 2/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 24 visits to the Bilateral Shoulders.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to the ACOEM guidelines, recommended for initial and follow-up visits for education, and evaluation home exercise. The amount of therapy requested above

exceeds the amount recommended by the guidelines. The 24 visits of physical therapy is not medically necessary.