

Case Number:	CM14-0043959		
Date Assigned:	07/02/2014	Date of Injury:	09/20/2010
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/10/2014

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 underlying date of injury in this case is 09/20/2010. The mechanism of injury is that the patient developed pain when carrying buckets and applying stucco to a wall. The patient's diagnoses include right shoulder impingement with tendinitis. On 12/12/2013, the patient was seen for an initial orthopedic consultation. The consulting orthopedist reviewed the patient's past treatment in detail including previous treatment with oral medication and physical therapy. At this time, the patient reported that he previously attended 10 therapy sessions and that therapy was of no benefit. The consulting orthopedist concluded the patient had right shoulder impingement with tendinitis, right shoulder pain with elbow pain, right elbow tendinitis, and thoracic spine pain. The treating physician discussed treatment options of surgical versus nonoperative treatment and recommended activity modification as well as anti-inflammatory medications and physical therapy.

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 Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends transition to an independent home rehabilitation program. The medical records discussed previous physical therapy of which the patient reported was not effective. However, current records do not describe change in the therapy goals or methods. Thus, it is unclear how the currently requested physical therapy would differ from past treatment. It is also unclear why additional physical therapy would be indicated rather than continued independent home rehabilitation. This request is not supported by the treatment guidelines. Therefore, the request is not medically necessary.