

Case Number:	CM14-0045486		
Date Assigned:	06/27/2014	Date of Injury:	08/01/2012
Decision Date:	09/16/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Pain Medicine 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 28-year-old female who reported an injury on 08/01/2012. The mechanism of injury was not provided. The diagnoses included shoulder joint pain and subacromial bursitis. Prior therapies included injections and 16 physical therapy sessions. Per the 02/24/2014 progress report, the injured worker reported right shoulder and wrist pain. Examination of the right shoulder noted pain with range of motion extremes and some tenderness of the acromioclavicular joint and the acromiohumeral interval. It was noted she had good strength on resisted extension and internal rotation. The injured worker was recommended for additional physical therapy for the right shoulder. A request for authorization form for physical therapy 2 times a week for 4 weeks was submitted on 02/26/2014.

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 four weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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

Decision rationale: The California MTUS Guidelines recommend 9 to 10 visits for myalgia and myositis with the fading of treatment frequency, plus active self-directed home physical medicine. The medical records provided indicate the injured worker completed 16 sessions of physical therapy for the right shoulder. Physical exam findings included pain on extremes of range of motion and good strength. There is no indication of any significant residual functional deficits that could not be addressed with a home exercise program. In addition, the request for additional physical therapy exceeds the Guideline recommendations. Based on this information, the request is not supported. As such, the request for Physical Therapy two times a week for four weeks for the right shoulder is not medically necessary.