

Case Number:	CM14-0061120		
Date Assigned:	06/20/2014	Date of Injury:	06/02/2011
Decision Date:	08/12/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 38 year old female whose date of injury is 06/02/2011. The mechanism of injury is described as a trip and fall. Treatment to date includes cortisone injections and physical therapy. An MRI of the right shoulder dated 01/07/14 revealed tendinopathy of the supraspinatus, otherwise generally unremarkable MRI of the shoulder. Follow up report dated 01/20/14 indicates that her right shoulder pain is improved. The injured worker has full range of motion of the right shoulder. There is a positive impingement sign. Rotator cuff strength is normal. Note dated 02/17/14 indicates diagnosis is right shoulder tendinopathy of the supraspinatus. The patient has been authorized for right shoulder subacromial cortisone injection followed by 2 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions after shoulder injected: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines; Official Disability Guidelines Physical Therapy Guidelines; Occupational Medical Practice Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical therapy.

Decision rationale: Based on the clinical information provided, the request for physical therapy 12 sessions after shoulder injected is not recommended as medically necessary. The submitted records indicate that the injured worker has been authorized to undergo shoulder injection followed by two post-injection physical therapy visits. The ODG would support one to two post-injection physical therapy visits, and there is no clear rationale provided to support exceeding this recommendation. Therefore, the requested physical therapy is not in accordance with ODG recommendations, and medical necessity is not established. As such, the request is not medically necessary.