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| Case Number: | CM14-0063077 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 12/16/2012 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 Occupational 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:

This patient is a 34 year-old male with date of injury 12/16/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/03/2014, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed decreased range of motion with flexion 150 degrees extension 40 degrees, abduction 150 degrees, adduction 40 degrees, internal rotation 10 degrees, and external rotation 10 degrees. There was positive supraspinatus Neer's impingement and Hawkin's impingement on the right. Diagnosis: 1. Exacerbation of the right shoulder symptoms 2. Cervical spine multilevel disc dislocation 3. Broad-based disc protrusion at C3-4 with annular tear 4. Multilevel disc protrusion from L4-5 without significant impingement of exiting nerve roots 5. Right shoulder impingement syndrome 6. Right elbow strain. Patient has previously completed 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy visits, ffor the right shoulder, 2 times a week for 6 weeks as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement.