

Case Number:	CM14-0081687		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 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 40 year old male was injured at work on 11/13/2013. The injury involved his right arm and right shoulder during a rollover accident. The injured worker was treated surgically for the right forearm followed by two weeks of physical therapy in 11/2013. Since 12/2013, he has continued with three sessions of physical therapy each week. He complains of pain in his neck that spreads to his upper back and upper extremities. In addition, he has 2-4/10 pain in his upper back, mid-back, and low back. The low back pain spreads from his low back to his buttocks and lower extremities. The physical examination revealed tenderness in the right trapezius, limited right shoulder range of motion, well healed scar in the right forearm, decreased range of motion in the joints of the right upper extremity; limitation in the range of motion of the lumbar spine, paravertebral tenderness, positive Straight leg raise both legs, normal power and reflexes; but diminished sensations in the lower limbs. He is being treated for Lumbar radiculopathy, internal derangement of the right shoulder, status right forearm surgery; Insomnia; Idiopathic peripheral autonomic neuropathy and unspecified disorder of the autonomic nervous system. At dispute is the request for physical therapy 2 times a week for 3 weeks for right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR RIGHT SHOULDER:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

Decision rationale: According to the reports reviewed, the injured worker had two weeks of physical therapy for the right forearm after the right forearm surgery; the injured worker has been doing three physical therapy sessions in a week since December 2013. There was a report in the injured workers records dated 03/14/2014 with order for Back program, Shoulder program, and acupuncture 2 x4. Also, there is a report from a physical therapist dated 03/31/2014 stating physical therapy was rendered on that date, and the injured worker would by having physical therapy 2 times a week for 4 weeks. Therefore, based on the available information, the injured worker has had an adequate number of physical therapy that includes the shoulder. Counting from January to April 2014 that would mean 48 sessions or more sessions. The MTUS recommends initial and follow-up visits for education, counseling, and evaluation of home exercise.