

Case Number:	CM14-0088230		
Date Assigned:	09/19/2014	Date of Injury:	02/11/2012
Decision Date:	10/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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 injured worker is 35 year old male with a date of injury of 2/11/12, at which time he slipped and fell while ambulating with crutches and falling on his right shoulder and hip. The last treating physician's note is dated 5/8/14. At that time the injured worker was primarily complaining of right shoulder pain that radiated down the lateral arm and to the level of the elbow. The pain was aching, stabbing and throbbing in nature. Physical examination of the right shoulder showed tenderness to palpation over the supraspinatus fossa, acromioclavicular joint and bicipital groove. Range of motion of the right shoulder was decreased and motor strength testing of the biceps and triceps was 5/5. Assessment included sprain/strain of the neck, carpal tunnel syndrome, ulnar nerve lesion and calcifying tendinitis of the shoulder. Recommendations included not treating right shoulder symptoms until right elbow receives adequate treatment. The injured worker was to continue commonsense precautions with activity and gentle exercise as well as medication. Per note dated 4/9/14 the injured worker had undergone ulnar transposition surgery at the right elbow and while his right shoulder required surgery, treatment was restricted by ongoing therapy of the elbow. The injured worker had undergone an Agreed Medical Evaluation on 5/1/14 which recommended physical therapy for the right shoulder, right knee arthroscopic surgery and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Visits for the Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter, Physical Therapy

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

Decision rationale: The injured worker fell on 2/11/12 and injured his right shoulder and elbow. He underwent ulnar nerve transposition surgery and is undergoing therapy post-operatively. The last treating physicians note dated 5/8/14 recommended not treating right shoulder symptoms until right elbow receives adequate treatment. Therefore, physical therapy for the right shoulder was not indicated. This is in conflict with an earlier Agreed Medical Evaluation on 5/1/14 which recommended physical therapy for the right shoulder. Therefore, per the more recent evaluation, physical therapy is not indicated and medically necessary at this time.