

Case Number:	CM14-0088578		
Date Assigned:	07/23/2014	Date of Injury:	10/17/2013
Decision Date:	08/27/2014	UR Denial Date:	05/28/2014
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 Nevada. 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 62 year-old male who was reportedly injured on 10/17/2013. The mechanism of is listed as a fall into a 4 foot hole on a construction site. The most recent progress note dated 5/19/2014, indicates that there are ongoing complaints of right shoulder pain. Physical examination demonstrated shoulder active range motion: flexion 120, abduction 100; motor 4/5; normal fist with right hand. MRI of the right shoulder dated 1/7/2014 demonstrated a full thickness rotator cuff tear. Previous treatment includes physical therapy #24 visits. A request was made for physical therapy 2 times a week for 4 weeks for the right shoulder and was not certified in the utilization review on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203 - 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Procedure Summary, Shoulder - Physical Therapy; Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 98, 99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support a maximum of #10 physical therapy visits for myalgia. Review of the available medical records, document a right shoulder rotator cuff tear on magnetic resonance image. The injured worker has previously undergone #24 physical therapy visits and rotator cuff repair surgery has been recommended. Treatment guidelines do not support additional physical therapy at this point. As such, this request is not considered medically necessary.