

Case Number:	CM14-0092920		
Date Assigned:	09/12/2014	Date of Injury:	01/21/2013
Decision Date:	10/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 Internal 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:

The injured worker is a 47 year old female whose date of injury is 01/21/2013. The mechanism of injury is not described. Per note dated 05/14/14, the injured worker recently completed 8 physical therapy sessions. Note dated 08/07/14 indicates right shoulder range of motion is flexion 120, abduction 90, external rotation 40 degrees, and internal rotation to lateral hip. Strength is rated as 4+/5. Office visit note dated 09/09/14 indicates that the injured worker complains of chronic severe bilateral wrist pain due to carpal tunnel syndrome. The injured worker is status post bilateral carpal tunnel release in February 2013. Medications include Percocet, Topamax, Lasix and catapres. On physical examination deep tendon reflexes in the upper extremities are normal bilaterally. There is no evidence of sensory loss. Diagnosis is frozen shoulder. .

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 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

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: The injured worker has completed at least 9 physical therapy visits to date. The injured worker's compliance with a home exercise program is not documented. There are no specific, time-limited treatment goals provided. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines. Based on the clinical information provided, the request for physical therapy 2 x 4 right shoulder is not medically necessary.