

Case Number:	CM14-0093398		
Date Assigned:	09/12/2014	Date of Injury:	02/27/2014
Decision Date:	10/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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:

Injured worker is a female with date of injury 2/27/2014. Per orthopedic follow-up report dated 5/14/2014, the injured worker sustained an injury to her right shoulder. She was diagnosed as having calcific tendinitis. She received a cortisone injection that provided benefit. She describes residual symptoms of stiffness and is performing physical therapy. On examination of the right shoulder there is no evidence of deformity. There are no ill effects from the cortisone injection. She has forward elevation to 120 degrees, and abduction to 80 degrees. There is pain to overhead circumduction. There is full range of motion of the elbow, wrist and hand. There is good distal pulse and capillary refill. Diagnosis is calcific tendinitis, right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate

discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The injured worker has already had physical therapy. The total number of sessions of physical therapy completed is not reported. The requesting physician does not explain the progress with physical therapy or the status of a home exercise program. Physical therapy should have provided the injured worker with the information and feedback on implementing a successful home exercise program that can continue without the need of a therapist. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for PT 2 x 4 is determined to not be medically necessary.