

Case Number:	CM14-0120017		
Date Assigned:	09/24/2014	Date of Injury:	03/18/2011
Decision Date:	01/05/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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 & 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 patient is a 53-year-old female who has submitted a claim for right rotator cuff tear status post repair, right shoulder impingement with tendinitis and left carpal tunnel syndrome associated with an industrial injury date of 3/18/2011. Medical records from 2014 were reviewed. The patient complained of right upper extremity pain, neck pain and low back pain. She likewise developed increasing pain and numbness to the left hand. Examination of the right shoulder showed tenderness, painful and limited motion, and positive Neer's and Hawkin's signs. Both Tinel's and Phalen's signs were positive at the left. Motor strength and reflexes were intact. Sensation was diminished at the index and middle fingers of bilateral hands. The MRI of the right shoulder demonstrated tendinitis and impingement. Treatment to date has included right rotator cuff repair, physical therapy and medications. The utilization review from 7/16/2014 denied the request for physical therapy, right shoulder 3x4 because of no subjective benefits noted from previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy , right shoulder 3x4: Upheld

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

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient completed a course of physical therapy. However, the patient's response to treatment was not discussed. There was no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the duration of injury, it is unclear why patient is still not versed to home exercise program to address the residual deficits. Therefore, the request for Physical Therapy, right shoulder 3x4 is not medically necessary.