

Case Number:	CM14-0131210		
Date Assigned:	08/29/2014	Date of Injury:	09/20/2010
Decision Date:	01/31/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Family Practice and is licensed to practice in Utah. 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:

This is a 46 year old male who sustained a work related injury on 9/20/2010 while carrying a bucket. Per the Secondary Treating Physician's Progress Report dated 7/31/2014 the injured worker reported constant pain in the right shoulder described as 9/10 on a 0-10 scale. He reports no pain when he is not moving his shoulder. Physical Examination revealed moderate tenderness of the AC joint of the right shoulder. The anterolateral process of the acromion over the supraspinatus tendon shows tenderness and there is no pain over the lateral process of the posterior shoulder. Diagnoses included right shoulder impingement, right shoulder tendinitis and right shoulder pain. X-rays of the right shoulder dated 12/12/2013 revealed a normal shoulder. Magnetic resonance imaging (MRI) of the right shoulder dated 03/18/2014 revealed partial tear tendinosis involving the supraspinatus tendon, no evidence of full thickness retracted tear of the rotator cuff. There is mild fatty atrophy of the supraspinatus muscle. There are hypertrophic changes of the acromioclavicular joint as well as laterally down sloping type 3 acromion noted and mild subacromial/sub deltoid bursal fluid/bursitis and degenerative subcortical cysts located within the lateral aspect of the humeral head. The plan of care included surgery and post-surgical physical therapy. Work Status was referred to the primary treating physician and was not provided. On 8/07/2014, Utilization Review non-certified a prescription for Physical Therapy Right Shoulder based on lack of medical necessity. The MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-27.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy for the right shoulder. MTUS guidelines state the following: Status post subacromial decompression. It is recommended the patient undergo 24 visits over 14 weeks for a 6 months window. According to the clinical documentation provided and current MTUS guidelines, Physical Therapy Right Shoulder is indicated as a medical necessity to the patient at this time.