

Case Number:	CM14-0033999		
Date Assigned:	05/07/2014	Date of Injury:	05/27/2011
Decision Date:	04/07/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 61-year-old male who reported a repetitive strain injury on 05/27/2011. The current diagnoses include right shoulder impingement syndrome, right shoulder acromioclavicular joint arthropathy, massive chronic retracted right shoulder rotator cuff tear, and status post right shoulder arthroscopy with rotator cuff repair. The latest physician progress report submitted for review is documented on 01/08/2014. The injured worker presented for a follow-up evaluation. It was noted that the injured worker was 5 months status post right shoulder surgery on 07/25/2013. The injured worker noted a slow improvement of symptoms with 5/10 pain. The injured worker also reported radiating pain into the right forearm, grinding, and difficulty performing lifting activity. It was noted that the injured worker had completed a course of physical therapy. Upon examination of the right shoulder, there was 4/5 motor weakness, 160 degrees flexion, 50 degrees extension, 180 degrees abduction, 50 degrees adduction, 60 degrees internal rotation, and 70 degrees external rotation. Recommendations included additional physical therapy 3 times a week for 4 weeks. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

Decision rationale: California MTUS Guidelines state Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is noted that the injured worker completed a course of physical therapy for the right shoulder. However, there was no documentation of the previous course with evidence of objective functional improvement. There was also no evidence of a significant functional limitation upon examination. Given the above, the request is not medically appropriate at this time.