

Case Number:	CM15-0008214		
Date Assigned:	01/26/2015	Date of Injury:	04/20/2012
Decision Date:	03/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who reported injury on 04/20/2012. The mechanism of injury was the injured worker was hit by a cart while at work. The diagnoses included lumbar sprain, right medial meniscus tear, internal derangement of the right knee, right ankle sprain and strain, and closed anterior dislocation of the right humerus. Prior therapies included physical therapy. The documentation indicated the injured worker's right knee had given out, causing him to fall on his shoulder, which caused ongoing pain. The injured worker had an MRI of the right shoulder which revealed mild to moderate rotator cuff tendinosis without significant rotator cuff tear and mild hypertrophic changes of the acromioclavicular joint. Documentation of 11/05/2014 revealed the injured worker had right shoulder pain. The injured worker had 90 degrees of abduction, and 100 degrees of forward flexion. The injured worker had a positive apprehension test and crepitus. The injured worker was noted to have a motor vehicle accident on 10/24/2014 and hit his head. The treatment plan included physical therapy. The injured worker's medications were noted to include Norco 10/325 mg 1 tablet every 6 hours and baclofen 10 mg tablets 1 twice a day, and tramadol hydrochloride 50 mg. There was a Request for Authorization 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 for the right shoulder, three times weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously attended therapy; however, there was a lack of documentation of objective functional benefit. There was a lack of documentation of significant functional deficits to support 18 additional visits of therapy without re-evaluation. Given the above, the request for physical therapy of the right shoulder 3 times a week for 6 weeks is not medically necessary.