

Case Number:	CM15-0010104		
Date Assigned:	01/27/2015	Date of Injury:	09/17/2013
Decision Date:	04/15/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 33-year-old male, who sustained an industrial injury on 9/17/13. He has reported right shoulder and neck pain after lifting a wheelchair ramp. The diagnoses have included right shoulder strain, right shoulder superior labrum anterior and posterior lesion. Treatment to date has included diagnostics, medications, conservative care and physical therapy. Currently, the injured worker complains of pain and discomfort of the right shoulder which is increased with use of his shoulder and lifting activities. He has had physical therapy previously which he states were of no significant help. The Magnetic Resonance Imaging (MRI) of the right shoulder dated 11/29/14 revealed small tear at mid aspect of the supraspinatus tendon and bursal tear at insertion of the supraspinatus tendon. The physical exam of the right shoulder revealed positive O'Brien test and discomfort with impingement testing. There was physical therapy sessions noted. On 1/5/15 Utilization Review non-certified a request for Physical Therapy 2 times a week for 4 weeks for the right shoulder, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines Physical Medicine page 99 and non-(MTUS) Medical Treatment Utilization Schedule Official Disability Guidelines - Superior Glenoid Labrum Lesion were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Superior Glenoid Labrum Lesion.

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

Decision rationale: A review of the attached medical record indicates that the injured employee has previously participated in physical therapy for his right shoulder which was stated to not be of any significant benefit. Considering the lack of efficacy of this prior treatment, this request for additional physical therapy twice a week for four weeks for the right shoulder is not medically necessary.