

Case Number:	CM15-0184344		
Date Assigned:	09/24/2015	Date of Injury:	06/14/2015
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/18/2015

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

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:

This is a 30 year old female with a date of injury on 6-14-15. A review of the medical records indicates that the injured worker is undergoing treatment for her right shoulder, upper extremity and wrist. Progress report dated 7-7-15 reports continued complaints of right shoulder and right wrist pain. The right shoulder pain is constant with radiation into the right upper arm. The pain is aggravated by overhead reaching, lifting, pulling and pushing. She has right wrist pain and swelling aggravated by gripping and grasping. Physical exam reveals right shoulder and lateral shoulder tenderness with weakness due to pain. The right wrist has slight diffuse tenderness. Work status is working with modified duties, no overhead work, lifting over 5 pounds and she is to take a 5-minute break every 30 minutes to stretch. MRI of right shoulder performed on 8-20-15 revealed supraspinatus and infraspinatus tendinosis and subcapularis tendinosis. X-rays of right shoulder and right wrist were normal. Treatment to date have included medication and three sessions of physical therapy. Request for authorization dated 8-12-15 was made for physical therapy for the right shoulder upper extremity quantity 20. Utilization review dated 8-26-15 modified request to physical therapy for the right shoulder upper extremity quantity 6.

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/upper extremity qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter (Acute & Chronic), under Physical Therapy.

Decision rationale: The patient was injured on 06/14/15 and presents with right shoulder and right wrist pain. The request is for physical therapy for the right shoulder/upper extremity qty: 12. The RFA is dated and the patient is working modified work duties, precluding use of the right upper extremity, overhead work, lifting over 5 pounds and she was to take a 5 minute break every 30 minutes to stretch. The 07/07/15 report states that the patient has had 3 physical therapy sessions to date. There is no indication of any recent surgery the patient may have had. ODG Guidelines, Shoulder Chapter (Acute & Chronic), under Physical Therapy allows for 10 visits over 8 weeks for a sprained shoulder. The patient has constant right shoulder pain with radiation into the right upper arm causing soreness in the upper arm, right anterior and lateral shoulder tenderness, and a decreased right shoulder range of motion. She is diagnosed with right shoulder/wrist strain and rule out rotator cuff tear, subluxation. The 08/20/15 MRI of the right shoulder revealed supraspinatus tendinosis, infraspinatus tendinosis, and subscapularis tendinosis. In this case, the requested 12 sessions of therapy in addition to the 3 sessions she already had exceeds what is allowed by ODG Guidelines. Therefore, the requested physical therapy is not medically necessary.