

Case Number:	CM15-0021935		
Date Assigned:	02/11/2015	Date of Injury:	06/24/2013
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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:

The injured worker is a 33-year-old male who reported an injury on 06/24/2013 due to using a 6 foot pry bar. On 01/10/2015, he presented for a followup evaluation regarding his work related injury. He reported pain with attempted activities and occasional pain at night when he would roll onto his shoulder and some pain with activities of daily living. A physical examination of the right shoulder showed 80% active and 90% passive range of motion with 20 degrees to 25 degrees internal rotation contracture with pain at end point. He had a painful arch of motion with abduction and Grimm for flexion. He had positive impingement and negative AC joint and SC joint tenderness to palpation. Rotator cuff testing was a 5/5, except for the supraspinatus which was a 4+/5 with mild pain in isolation with loading. He had no pain to palpation over the pectoralis musculature and tenderness insertion of the proximal humerus with normal contour. He was diagnosed with right rotator cuff sprain and strain, adhesive capsulitis to the shoulder, and other affections of the shoulder region. The treatment plan was for physical therapy 2 times a week for 3 to 4 weeks to treat the injured worker's pain and deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 3-4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/shoulder.htm>).

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

Decision rationale: The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. The documentation provided does show that the injured worker has deficits in strength and range of motion. However, further clarification is needed regarding his past treatments and whether he had had undergone physical therapy previously to address the same injury. Also, the request does not state what body part physical therapy would be performed on. Without this information, the request would not be supported. Therefore, the request is not medically necessary.