

Case Number:	CM15-0023416		
Date Assigned:	02/13/2015	Date of Injury:	06/19/2014
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 56-year-old male who reported an injury on 06/19/2014. On 01/14/2015, he presented for a follow up evaluation regarding his work related injury. It was noted that he was being seen for an orthopedic re-evaluation of his right shoulder. He was status post shoulder surgery approximately 7 weeks prior to the visit. A physical examination showed that there was no evidence of radiculopathy, myelopathy, or peripheral nerve motor sensory deficits. Sensation to light touch was intact throughout all dermatomal distributions. Deep tendon reflexes of the quadriceps, Achilles, biceps, triceps, and brachioradialis were 2+ and equal bilaterally. There was no Hoffman's or Babinski's signs. Range of motion was documented as forward flexion to 170 degrees and external rotation to 90 degrees, internal rotation was to the L2, and there was 4/5 strength of the rotator cuff muscles. He was diagnosed with status post right shoulder rotator cuff deficit shoulder status post subacromial decompression and Mumford procedure. His treatment plan was for physical therapy 2 times 4 for the shoulder. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 medicine is recommended for 9 visits over 10 weeks for myalgia and myositis (unspecified). For neuralgia, neuritis, and radiculitis (unspecified), 8 to 10 visits over 4 weeks are recommended. Further clarification is needed regarding the injured worker's prior treatment modalities and whether he has undergone physical therapy to address the same injury. Also, the request failed to mention which shoulder the physical therapy sessions are being requested for. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.