

Case Number:	CM15-0024731		
Date Assigned:	02/17/2015	Date of Injury:	04/30/2003
Decision Date:	04/07/2015	UR Denial Date:	01/19/2015
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 60-year-old female who reported an injury on 04/30/2003. The mechanism of injury was not stated. The current diagnoses include cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, neck pain, sciatica, disorder of the bursa of the shoulder region, rotator cuff syndrome, and brachial neuritis. The injured worker presented on 11/11/2014 for a followup evaluation with complaints of daily right shoulder pain and activity limitation. Upon examination, there was pain with end range of motion, positive Neer's sign, positive shrug sign, greater tuberosity tenderness, and 4/5 supraspinatus weakness. Recommendations included an ultrasound guided cortisone injection into the right shoulder followed by 12 sessions of physical therapy. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy (12 sessions), right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of the previous course of physical therapy with evidence of objective functional improvement. Therefore, additional treatment would not be supported in this case. Additionally, there was no evidence of a significant functional limitation upon examination. As the medical necessity has not been established, the request is not medically appropriate at this time.