

Case Number:	CM15-0029990		
Date Assigned:	02/23/2015	Date of Injury:	06/24/2013
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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, 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 57-year-old female who reported an injury on 06/24/2013. The injured worker was attempting to restrain a combative and violent child when she felt immediate pain in the right shoulder, which gradually progressed. The current diagnoses include disorders of the bursae and tendons in the shoulder region, muscular calcification and ossification, rotator cuff sprain, and sprain of other specified sites of the shoulder and upper arm. The only physician progress report submitted for this review is documented on 12/10/2014. The injured worker presented with complaints of pain, tightness, stiffness, and soreness in the cervical spine as well as the right shoulder. Upon examination, there was tenderness to palpation over the left paracervical musculature, equivocal impingement sign, negative orthopedic testing, limited cervical range of motion by 75% to 80%, limited right and left shoulder range of motion, diminished light touch sensation in the left upper extremity, and diminished right upper extremity strength. It was determined at that time that the injured worker had not reached maximum medical improvement. 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, 2 x weekly, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The 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. There was no documentation of the previous course of physical therapy for the right shoulder with evidence of objective functional improvement. Additional treatment would not be supported at this time. Additionally, there was no specific quantity listed in the request. Given the above, the request is not medically appropriate at this time.